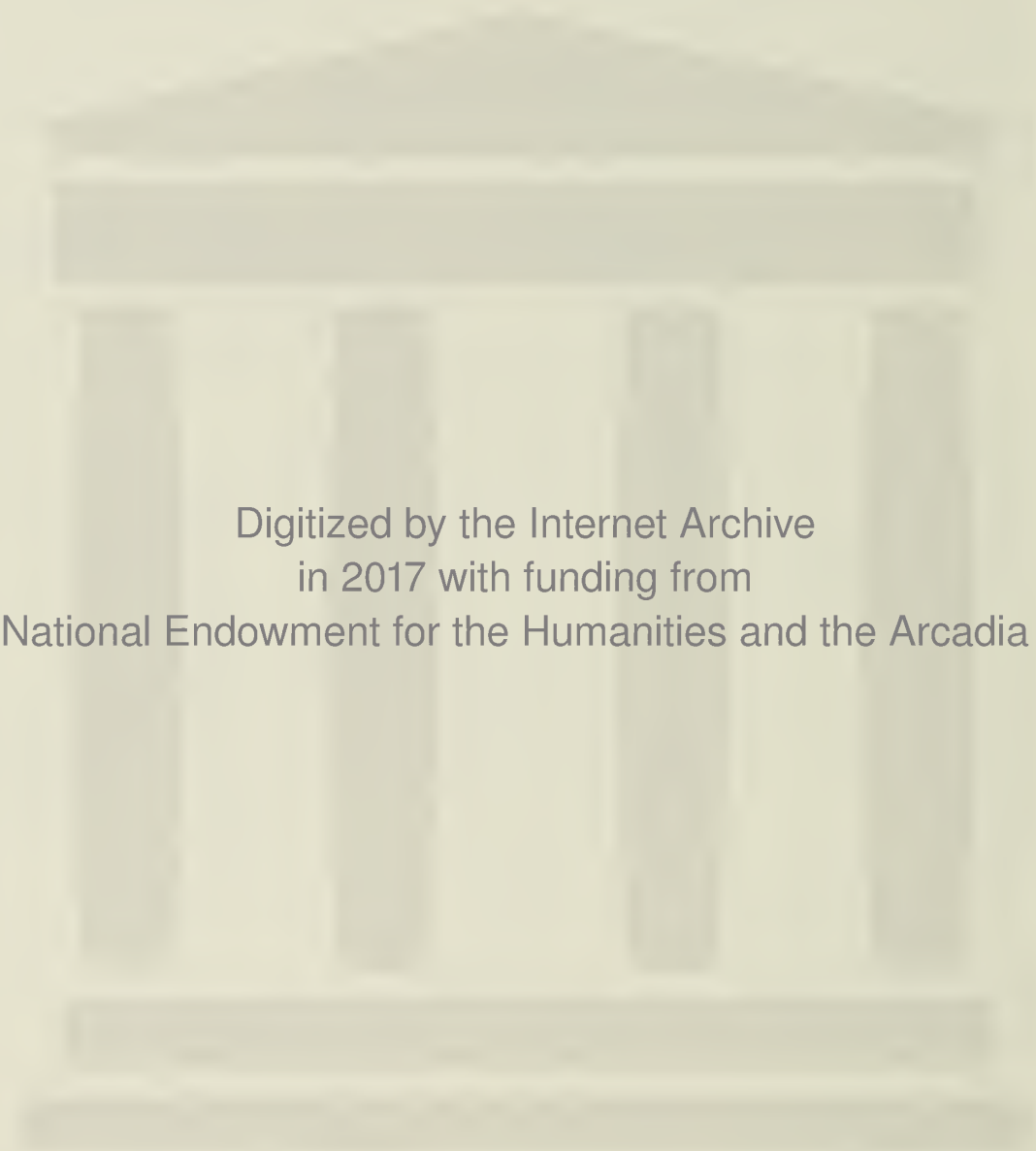

Iowa Medicine
January/February 1999
An Iowa Medical Society publication

Potential legal liability—Are you Y2K compliant?

In addition to operational issues, the millennium bug may expose you and your practice to legal liability. *See pages 10, 11*

Get a look at the proposed Medicaid payment schedule / page 6

IMS representatives meet with Governor Vilsack / page 13

Should you treat family members? Ethics raise flag of caution / page 17

All about the IMS Annual Meeting April 16-18, 1999/ pages 20, 22

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THROCKMORTON SURGICAL SOCIETY

IOWA CHAPTER - AMERICAN COLLEGE OF SURGEONS
and
IOWA ACADEMY OF SURGERY

ANNUAL SPRING MEETING

SURGICAL SYMPOSIUM ON COMPLICATIONS IN SURGERY

MAY 14-15, 1999

Iowa Methodist Medical Center - Education Center
1415 Woodland Avenue
Des Moines, Iowa

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Herand Abcarian, M.D., FACS
University of Illinois at Chicago

David Green, M.D., Ph.D.
Northwestern University Medical School

Ronald L. Nichols, M.D., M.S., FACS
Tulane University Medical Center

Steven A. De Jong, M.D., FACS
Loyola University

David Nagorney, M.D., FACS
Mayo Clinic

Joseph B. Petelin, M.D., FAC
University of Kansas

Grace S. Rozycki, M.D., Msc., FACS
Emory University

TOPICS (tentative)

Treatment of Postop DVT and Pulmonary Embolism
Risk Infections in Surgical Patient 1998 and Beyond
Complications After Pancreatic Surgery
Biliary Injuries
Complications of Reflux Surgery
Postoperative Complications of Laparoscopic Surgery
Management of Acute Diverticulitis
Management of Complicated Problems - Ultrasound
Treatment of Perioperative Coagulopathy
Rational Use of Antibiotics in Surgery
Complicated Pancreatitis
Pancreatic Leak Following Whipple
Redo Antireflux Surgeries
Pitfalls in Use of Staplers in GI Surgery
Complications of Anorectal Crohn's Disease
Critical Care of Complex Problems

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Iowa Methodist Medical Center is accredited by the Iowa Medical Society to sponsor continuing medical education for physicians.

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COST

Physician Fee $150.00
Resident Fee $35.00

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Surgery Education Office, Iowa Methodist Medical Center
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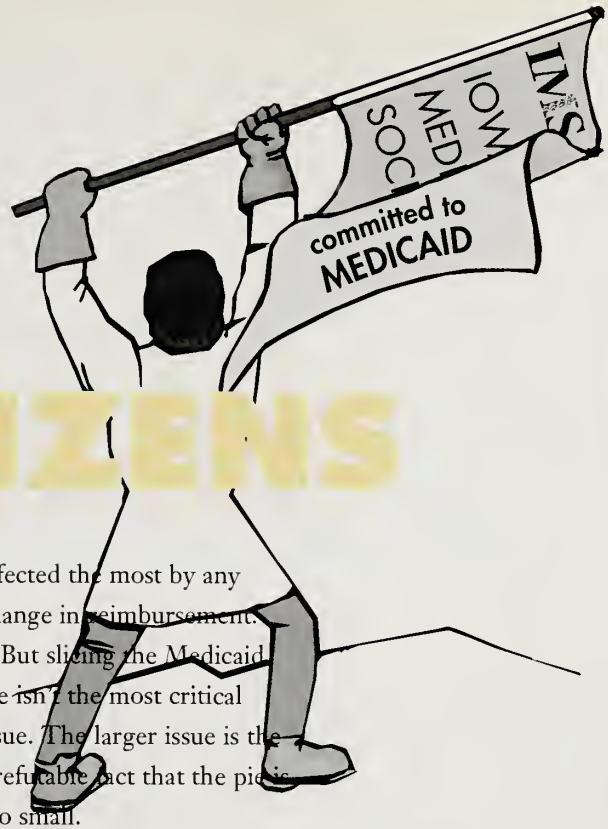
We've been GOOD CITIZENS



Iowa physicians have been good citizens in the Medicaid program.

by John Brinkman, MD

The 1998 Iowa Legislature directed the Department of Human Services to work with provider groups to review payment methodology for Medicaid and report back to the 1999 legislature.

The final DHS recommendation for Medicaid reimbursement was sent to legislators January 1 and can be found in this issue of *Iowa Medicine* between pages 8 and 9.

The Iowa Medical Society was one of several provider groups which the DHS consulted on its new methodology. During the past year, the IMS Board of Trustees followed the issue closely.

Much is wrong with the way Iowa physicians are paid for providing services to Medicaid recipients. Switching to an RBRVS-based system will bring context and relativity to the methodology, but it won't lessen physicians' concerns over the future of Medicaid in Iowa.

It won't ensure that Medicaid services remain available to those who desperately need them.

The DHS plan for how Medicaid services will be reimbursed is being closely examined by physicians in all specialties. The IMS Board is acutely aware of their concerns. We represent all physicians, and we want a system that treats physicians fairly and assures access.

Because moms and kids receive the majority of Medicaid services, we must be particularly concerned about the Iowa physicians who provide obstetrical and pediatric care. These physicians — particularly those in rural Iowa — generally have the highest percentage of Medicaid patients and thus are affected the most by any change in reimbursement.

But slicing the Medicaid pie isn't the most critical issue. The larger issue is the irrefutable fact that the pie is too small.

Iowa physicians have been good Medicaid citizens. In 1998, the IMS lobbied for an increase in Medicaid reimbursement for Iowa physicians. The legislature responded with a two percent increase — a whopping $1.1 million. Prior to this, Iowa physicians continued serving Medicaid patients for nearly a decade without a general increase. Why did they do this? Because they care about their patients.

However, with the skyrocketing costs of running an office, it would be foolhardy to assume physicians will be able to continue providing quality services under increasingly difficult circumstances.

If IMS has its way, legislators will address this reality in the very near future.

Dr. Brinkman is an internist practicing in Mason City and president of the Iowa Medical Society.

Slicing the MEDICAID PIE

The Iowa Department of Human Services is recommending an overhaul of Medicaid payment in Iowa.

"The larger issue is the fact that the Medicaid pie is too small."

Officials at the Department of Human Services believe Medicaid fees in Iowa are determined by an outdated payment methodology and inconsistent physician increases.

On January 1, the DHS forwarded to the Iowa Legislature a report which recommends a complete overhaul of Medicaid reimbursement methodology for physicians. The department recommends the state switch to an RBRVS-based system.

During the 1998 Iowa Legislature, the Iowa Medical Society (IMS) lobbied hard for an increase in Medicaid reimbursement for Iowa physicians.

Despite the fact that physicians' reimbursement saw no general increase for nearly 10 years, lawmakers approved only a two percent increase.

The legislature also directed the DHS to consult with provider groups to review how Medicaid services are reimbursed. DHS officials asked for assistance from the IMS, the Iowa Academy of Family Physicians and the Iowa Osteopathic Medical Association.

The resulting report outlines a new methodology for Medicaid reimbursement, recommending it be phased in over a three-year period. Though the conversion to the new proposal is budget neutral, the DHS is also recommending a two percent increase in total reimbursement for the next fiscal year.

Last year, the governor's

Senate File 2410, approved by the 1998 Iowa Legislature:

"The Department of Human Services shall, in consultation with provider representatives, review the existing reimbursement methodology including the issues of access utilization and sufficiency of the current reimbursement rates. A report of the findings of the review and any recommendations shall be submitted to the general assembly by January 1, 1999."

This story was written from information provided by Sheryl Nuzum, manager of medical economics for the Iowa Medical Society.

budget drafts dropped the DHS two percent recommendation but reinstated it after increased lobbying efforts by IMS. Governor-elect Vilsack has not released his budget recommendations.

(Fee-for-service only)

			Total Medicaid expenditures as % of Medicare	
Medicaid Units of Service	**Medicaid Expenditures**	**Medicare Expenditures***	**70.5% (Budget neutral)**	**72.5% (Council recommends 2%)**

**Medicare expenditures are not actual. They are based on Medicare fees x Medicaid utilization. They are shown for comparison purposes only.*

In general, the DHS report recommends that the legislature:

- Adopt an RBRVS-based reimbursement system with two multipliers — one for E&M and another for all other services.

1. E&M will be 58.6 percent of the Medicare fee schedule. This equates to an aggregate E&M increase of 15.8 percent.

2. Procedural codes will be 88.1 percent of the Medicare fee schedule.

Non-E&M fees will be frozen until E&M services are paid at the same percentage as other services.

- The new reimbursement covers fee-for-service only, not Medicaid managed care.

To date, about half of states have converted to RBRVS-based systems for Medicaid reimbursement.

Because the bulk of Medicaid services are provided to low income mothers and children, the DHS was particularly concerned about the effect of any new methodology on obstetrical services. DHS officials reportedly believe that the legislature will not approve any new payment methodology which adversely affects obstetrical care.

Consequently, the multipliers for E&M (58.6%) and other services (88.125%) were determined in a way that preserves budget neutrality for OB care.

Several months ago, anesthesiologists began expressing concern over the effect of any new methodology on their services. The final DHS proposal treats anesthesia in a somewhat different manner in that they will continue to be paid on base units plus time.

The final DHS proposal for anesthesia services has not been released but DHS intends a budget-neutral approach. If approved by DHS, anesthesia will see a slight decrease in the conversion factor but additional payment for anesthesia for Cesarean sections.

It is anticipated that the conversion to the methodology proposed by the DHS could have an indirect effect on other Medicaid reimbursement. Any provider of Medicaid services who is currently paid a percentage of the physician reimbursement will see a change. A majority of these services are E&M.

Conversion to the methodology proposed by DHS could have an indirect effect on other Medicaid reimbursement.

While the Iowa Medical

Society Board of Trustees supports an RBRVS system for Medicaid, the IMS has a more important goal for the Medicaid program.

The IMS wants to see Medicaid reimbursement at a minimum of 100 percent of Medicare. Approximately $11.7 million will be required to raise Medicaid E&Ms to that level.

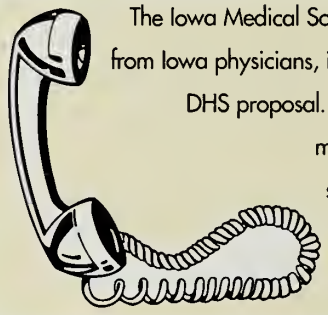
Nationally, there are 92 Medicare payment localities. Only 10 of those localities see Medicare reimbursement which is lower than Iowa's. In light of that fact, raising Medicaid reimbursement to 100 percent of Medicare is not an outrageous proposal, say IMS leaders.

"Raising Medicaid reimbursement to 100 percent of Medicare is a realistic goal, particularly if done over a transition period," comments John Brinkman, MD, IMS president. "It's only fair that the state's reimbursement policy place mothers and children on an equal footing with Medicare recipients. This would ensure continued access to health care for all lower income patients."

"It's only fair that the state's reimbursement policy place mothers and children on an equal footing with Medicare recipients."

As to how such a proposal would be funded, Dr. Brinkman points out that Iowa has a budget surplus and may receive an influx of funds because of the tobacco settlement.

IMS advocacy staff has been meeting with legislative leadership and key committee chairs on the need for increased funding for physician Medicaid reimbursement.



The Iowa Medical Society would like to hear feedback from Iowa physicians, including specialty groups, on the DHS proposal. Please email Sheryl Nuzum, IMS manager of medical economics, at snuzum@iowamedicalsociety.org. Or, call Ms. Nuzum at (515) 223-1401 or (800) 747-3070.

The DHS proposal for Medicaid reimbursement

The Department of Human Services (DHS) considered two proposals for converting Medicaid Reimbursement to an RBRVS fee schedule. The following parameters applied

- the results would be budget neutral.
- MD/DO fee for service only (the proposals exclude Medicaid managed care).
- anesthesia services were considered separately.

With a budget neutral approach, model 1 applies RBRVS methodology with one multiplier (70.5 percent of Medicare) across all codes. The resulting fees and percent increase/reduction are listed in the columns marked Model 1.

With again a budget neutral approach, Model 2 applies RBRVS methodology with two multipliers (58.66 percent of Medicare for E&M codes and 88.125 percent for all other codes). These multipliers were determined by decreasing the E&M proposed increase to assure budget neutrality for obstetrical care. The resulting fees and percent increase/reduction are listed in the columns marked model 2. This model results in 15.8 percent aggregate increase for E&M services.

The DHS report to the General Assembly will recommend model 2 with a three-year transition to RBRVS.

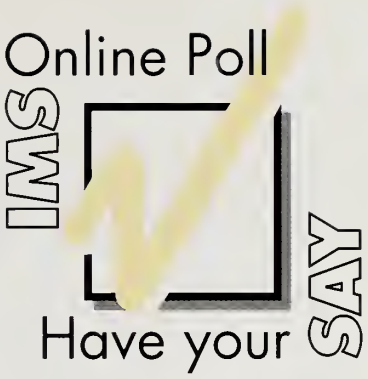
Find the proposed fee schedule on the next page.

CPT Code	Description	1998 Mcaid Fee	1998 Mcare Fee	Fee at 70.5% of Mcare	Ave. chg. at 70.5% of Mcare	Fee at 58.66% of Mcare	Ave. chg. at 58.66% of Mcare
99201	OFFICE, NEW PT	$ 17.52	$ 29.05	$ 20.48	16.9%	$ 17.04	-2.7%
99202	OFFICE, NEW PT	$ 26.30	$ 46.07	$ 32.48	23.5%	$ 27.02	2.7%
99203	OFFICE, NEW PT	$ 29.23	$ 63.74	$ 44.94	53.7%	$ 37.39	27.9%
99204	OFFICE, NEW PT	$ 41.90	$ 94.89	$ 66.90	59.7%	$ 55.66	32.8%
99205	OFFICE, NEW PT	$ 47.92	$ 119.33	$ 84.13	75.6%	$ 69.99	46.1%
99211	OFFICE, EST PT	$ 11.69	$ 12.75	$ 8.99	-23.1%	$ 7.48	-36.0%
99212	OFFICE, EST PT	$ 16.06	$ 25.34	$ 17.86	11.2%	$ 14.86	-7.5%
99213	OFFICE, EST PT	$ 18.38	$ 36.23	$ 25.54	39.0%	$ 21.25	15.6%
99214	OFFICE, EST PT	$ 26.30	$ 54.87	$ 38.68	47.1%	$ 32.18	22.4%
99215	OFFICE, EST PT	$ 27.68	$ 86.58	$ 61.04	120.5%	$ 50.78	83.5%
99217	OBSERVATION DISCHARGE	$ 21.84	$ 59.06	$ 41.64	90.6%	$ 34.64	58.6%
99218	INITIAL OBSERVATION	$ 47.00	$ 64.71	$ 45.62	2.9%	$ 37.96	-19.2%
99219	INITIAL OBSERVATION	$ 59.13	$ 105.13	$ 74.12	25.3%	$ 61.67	4.3%
99220	INITIAL OBSERVATION	$ 64.27	$ 135.46	$ 95.50	48.6%	$ 79.46	23.6%
99221	INITIAL HOSPITAL	$ 46.37	$ 64.39	$ 45.39	-2.1%	$ 37.77	-18.5%
99222	INITIAL HOSPITAL	$ 58.50	$ 104.81	$ 73.89	26.3%	$ 61.48	5.1%
99223	INITIAL HOSPITAL	$ 63.64	$ 134.90	$ 95.10	49.4%	$ 79.13	24.3%
99231	SUBSEQUENT HOSPITAL	$ 19.34	$ 33.65	$ 23.72	22.7%	$ 19.74	2.1%
99232	SUBSEQUENT HOSPITAL	$ 23.13	$ 49.70	$ 35.04	51.5%	$ 29.15	26.0%
99233	SUBSEQUENT HOSPITAL	$ 28.73	$ 69.31	$ 48.86	70.1%	$ 40.65	41.5%
99234	OBSERVATION FOR INPT HOSPITAL	$ 46.37	$ 106.01	$ 74.74	61.2%	$ 62.18	34.1%
99235	OBSERVATION FOR INPT HOSPITAL	$ 58.43	$ 146.43	$ 103.23	76.7%	$ 85.89	47.0%
99236	OBSERVATION FOR INPT HOSPITAL	$ 63.64	$ 176.76	$ 124.62	95.8%	$ 103.68	62.9%
99238	HOSPITAL DISCHARGE	$ 21.21	$ 58.74	$ 41.41	95.2%	$ 34.45	62.4%
99239	HOSPITAL DISCHARGE	$ 28.73	$ 73.90	$ 52.10	81.3%	$ 43.35	50.9%
99241	OFFICE CONSULTATION	$ 50.91	$ 43.26	$ 30.50	-40.1%	$ 25.37	-50.2%
99242	OFFICE CONSULTATION	$ 55.16	$ 68.67	$ 48.41	-12.2%	$ 40.28	-27.0%
99243	OFFICE CONSULTATION	$ 59.42	$ 89.24	$ 62.91	5.9%	$ 52.34	-11.9%
99244	OFFICE CONSULTATION	$ 63.65	$ 125.63	$ 88.57	39.2%	$ 73.69	15.8%
99245	OFFICE CONSULTATION	$ 63.65	$ 169.12	$ 119.23	87.3%	$ 99.20	55.9%
99251	INPT CONSULTATION	$ 50.91	$ 44.87	$ 31.63	-37.9%	$ 26.32	-48.3%
99252	INPT CONSULTATION	$ 55.16	$ 69.32	$ 48.87	-11.4%	$ 40.66	-26.3%
99253	INPT CONSULTATION	$ 59.42	$ 91.83	$ 64.74	9.0%	$ 53.86	-9.4%
99254	INPT CONSULTATION	$ 63.65	$ 126.60	$ 89.25	40.2%	$ 74.26	16.7%
99255	INPT CONSULTATION	$ 63.65	$ 171.86	$ 121.16	90.4%	$ 100.81	58.4%
99281	EMERGENCY DEPT	$ 17.52	$ 19.93	$ 14.05	-19.8%	$ 11.69	-33.3%
99282	EMERGENCY DEPT	$ 26.15	$ 30.74	$ 21.67	-17.1%	$ 18.03	-31.0%
99283	EMERGENCY DEPT	$ 32.54	$ 56.80	$ 40.04	23.1%	$ 33.32	2.4%
99284	EMERGENCY DEPT	$ 42.85	$ 86.97	$ 61.31	43.1%	$ 51.01	19.1%
99285	EMERGENCY DEPT	$ 52.27	$ 137.16	$ 96.70	85.0%	$ 80.45	53.9%
99291	CRITICAL CARE	$ 100.93	$ 177.90	$ 125.42	24.3%	$ 104.35	3.4%
99292	CRITICAL CARE	$ 50.47	$ 85.84	$ 60.52	19.9%	$ 50.35	-0.2%
99295	INITIAL NICU CARE	$ 500.00	$ 717.97	$ 506.17	1.2%	$ 421.13	-15.8%
99296	SUBSEQUENT NICU CARE	$ 350.00	$ 356.28	$ 251.18	-28.2%	$ 208.98	-40.3%
99297	SUBSEQUENT NICU CARE	$ 200.00	$ 178.02	$ 125.50	-37.2%	$ 104.42	-47.8%
99301	NURSING FACILITY ASSESSMENT	$ 23.51	$ 53.97	$ 38.05	61.8%	$ 31.66	34.7%
99302	NURSING FACILITY ASSESSMENT	$ 28.41	$ 69.06	$ 48.69	71.4%	$ 40.51	42.6%
99303	NURSING FACILITY ASSESSMENT	$ 33.58	$ 97.22	$ 68.54	104.1%	$ 57.03	69.8%
99311	SUBSEQUENT NURSING FACILITY CARE	$ 18.59	$ 31.07	$ 21.90	17.8%	$ 18.22	-2.0%
99312	SUBSEQUENT NURSING FACILITY CARE	$ 25.77	$ 46.23	$ 32.59	26.5%	$ 27.12	5.2%
99313	SUBSEQUENT NURSING FACILITY CARE	$ 25.37	$ 61.64	$ 43.46	71.3%	$ 36.16	42.5%
99315	NURSING FACILITY DISCHARGE	$ 21.21	$ 53.90	$ 38.00	79.2%	$ 31.62	49.1%
99316	NURSING FACILITY DISCHARGE	$ -	$ 65.83	$ 46.41	0.0%	$ 38.61	0.0%
99321	DOMICILIARY/REST HOME VISIT, NEW PT	$ 18.80	$ 35.58	$ 25.08	33.4%	$ 20.87	11.0%
99322	DOMICILIARY/REST HOME VISIT, NEW PT	$ 25.96	$ 50.27	$ 35.44	36.5%	$ 29.49	13.6%
99323	DOMICILIARY/REST HOME VISIT, NEW PT	$ 33.40	$ 66.33	$ 46.76	40.0%	$ 38.91	16.5%
99331	DOMICILIARY/REST HOME VISIT, EST PT	$ 17.28	$ 28.88	$ 20.36	17.8%	$ 16.94	-2.0%
99332	DOMICILIARY/REST HOME VISIT, EST PT	$ 31.23	$ 38.16	$ 26.90	-13.9%	$ 22.38	-28.3%
99333	DOMICILIARY/REST HOME VISIT, EST PT	$ 26.63	$ 46.96	$ 33.11	24.3%	$ 27.54	3.4%
99341	HOME SERVICE, NEW PT	$ 35.03	$ 50.91	$ 35.89	2.5%	$ 29.86	-14.8%
99342	HOME SERVICE, NEW PT	$ 40.68	$ 69.63	$ 49.09	20.7%	$ 40.84	0.4%
99343	HOME SERVICE, NEW PT	$ 52.66	$ 99.56	$ 70.19	33.3%	$ 58.40	10.9%
99347	HOME SERVICE, EST PT	$ 23.35	$ 40.02	$ 28.21	20.8%	$ 23.47	0.5%
99348	HOME SERVICE, EST PT	$ 25.00	$ 58.74	$ 41.41	65.6%	$ 34.45	37.8%
99351	HOME SERVICE, EST PT	$ 25.17	$ 42.28	$ 29.81	18.4%	$ 24.80	-1.5%
99352	HOME SERVICE, EST PT	$ 29.30	$ 54.22	$ 38.23	30.5%	$ 31.80	8.5%
99353	HOME SERVICE, EST PT	$ 31.67	$ 68.66	$ 48.41	52.8%	$ 40.27	27.2%
99354	PROLONGED PHYSICIAN SERVICE	$ 103.87	$ 83.35	$ 58.76	-43.4%	$ 48.89	-52.9%

99355	PROLONGED PHYSICIAN SERVICE	$ 52.00	$ 83.35	$ 58.76	13.0%	$ 48.89	-6.0%
99356	PROLONGED PHYSICIAN SERVICE	$ 103.89	$ 84.56	$ 59.61	-42.6%	$ 49.60	-52.3%
99357	PROLONGED PHYSICIAN SERVICE	$ 52.00	$ 84.56	$ 59.61	14.6%	$ 49.60	-4.6%
99358	PROLONGED PHYSICIAN SERVICE	$ 75.00	$ -	$ -	-100.0%	$ -	-100.0%
99360	PHYSICIAN STANDBY SERVICE	$ 40.00	$ -	$ -	-100.0%	$ -	-100.0%
99375	CARE PLAN OVERSIGHT, 30 MIN OR MORE	$ -	$ 73.25	$ 51.64	0.0%	$ 42.97	0.0%
99381	PREVENTIVE MEDICINE, UNDER 1 YEAR	$ 41.71	$ 80.05	$ 56.44	35.3%	$ 46.95	12.6%
99382	PREVENTIVE MEDICINE, 1-4 YEARS	$ 41.73	$ 91.59	$ 64.57	54.7%	$ 53.72	28.7%
99383	PREVENTIVE MEDICINE, 5-11 YEARS	$ 41.65	$ 91.59	$ 64.57	55.0%	$ 53.72	29.0%
99384	PREVENTIVE MEDICINE, 12-17 YEARS	$ 40.55	$ 103.13	$ 72.71	79.3%	$ 60.49	49.2%
99385	PREVENTIVE MEDICINE, 18-39 YEARS	$ 27.27	$ 96.75	$ 68.21	150.1%	$ 56.75	108.1%
99386	PREVENTIVE MEDICINE, 40-64 YEARS	$ 26.30	$ 118.62	$ 83.63	218.0%	$ 69.58	164.6%
99387	PREVENTIVE MEDICINE, 65 YEARS AND OVER	$ 26.30	$ 129.84	$ 91.54	248.1%	$ 76.16	189.6%
99391	PREVENTIVE MEDICINE, UNDER 1 YEAR	$ 41.26	$ 68.84	$ 48.53	17.6%	$ 40.38	-2.1%
99392	PREVENTIVE MEDICINE, 1-4 YEARS	$ 41.29	$ 80.05	$ 56.44	36.7%	$ 46.95	13.7%
99393	PREVENTIVE MEDICINE, 5-11 YEARS	$ 41.28	$ 80.05	$ 56.44	36.7%	$ 46.95	13.7%
99394	PREVENTIVE MEDICINE, 12-17 YEARS	$ 39.33	$ 91.59	$ 64.57	64.2%	$ 53.72	36.6%
99395	PREVENTIVE MEDICINE, 18-39 YEARS	$ 27.34	$ 86.18	$ 60.76	122.2%	$ 50.55	84.9%
99396	PREVENTIVE MEDICINE, 40-64 YEARS	$ 26.27	$ 96.75	$ 68.21	159.6%	$ 56.75	116.0%
99397	PREVENTIVE MEDICINE, 65 YEARS AND OVER	$ 26.11	$ 107.97	$ 76.12	191.5%	$ 63.33	142.6%
99431	H&P OF NORMAL NEWBORN	$ 41.88	$ 78.76	$ 55.53	32.6%	$ 46.20	10.3%
99432	NORMAL NEWBORN CARE, NOT HOSP	$ 48.82	$ 84.89	$ 59.85	22.6%	$ 49.79	2.0%
99433	NORMAL NEWBORN CARE, SUBSEQUENT	$ 16.02	$ 41.64	$ 29.36	83.2%	$ 24.42	52.5%
99435	HISTORY/EXAM OF NORMAL NEWBORN	$ 56.88	$ 100.87	$ 71.11	25.0%	$ 59.17	4.0%
99436	ATTENDANCE AT DELIVERY	$ 201.76	$ 100.87	$ 71.11	-64.8%	$ 59.17	-70.7%
99440	NEWBORN RESUSCITATION	$ 138.92	$ 197.30	$ 139.10	0.1%	$ 115.73	-16.7%
	Average change of E&M				38.3%		15.8%

		Ave. chg. at 70.5 % of Mcare*	Ave. chg. at 88.125 of Mcare
10040-19499	INTEGUMENTARY	-12.2%	9.8%
20000-29909	MUSCULOSKELETA	-16.5%	0.0%
30000-32999	RESPIRATORY	-25.8%	0.0%
33010-39595	CARDIOVASCULAR	-28.5%	0.0%
40490-49999	DIGESTIVE	-21.2%	-1.4%
50010-53899	URINARY	-8.7%	14.1%
54000-56399	MALE GENITAL	-8.1%	14.8%
56405-58999	FEMALE GENITAL	-19.2%	1.0%
59400-59622	MATERNITY CARE/DELIVERY	-19.9%	0.0%
59000-59350, 59812-59871	OTHER MATERNAL CARE	-23.7%	-4.7%
60000-60699	ENDOCRINE	-26.4%	-8.0%
61000-64999	NERVOUS	-22.1%	-2.7%
65091-68899	EYE	-27.0%	-8.7%
69000-69979	AUDITORY	-25.7%	-7.1%
70010-76999	DIAGNOSTIC RADIOLOGY	-25.1%	-6.3%
77261-77799	RADIATION ONCOLOGY	-24.5%	-5.7%
78000-79999	NUCLEAR MEDICINE	-26.1%	-7.6%
80500-89360	PATHOLOGY (EXCLUDING CLINICAL LAB)	-12.5%	9.3%
90471-90472	IMMUNIZATION ADMINISTRATION	-29.5%	-11.9%
90780-90781	THERAPEUTIC/DIAGNOSTIC INFUSIONS	-39.5%	-24.3%
90782-90788	THERAPEUTIC/DIAGNOSTIC INJECTIONS	-5.3%	18.3%
90801-90899	PSYCHIATRY (EXCLUDES IOWA PLAN)	47.2%	83.9%
90918-90999	DIALYSIS	9.6%	37.0%
91000-91299	GASTROENTEROLOGY	-24.9%	-6.2%
92002-92499	OPHTHALMOLOGY	54.1%	92.6%
92502-92599	OTORHINOLARYNGOLOGY	-37.6%	-22.0%
92950-93799	CARDIOVASCULAR	1.4%	26.7%
93875-93990	NON-INVASIVE VASCULAR STUDIES	-27.6%	-9.5%
94010-94799	PULMONARY	-10.6%	11.8%
95004-95199	ALLERGY/CLINICAL IMMUNOLOGY	102.5%	153.1%
95805-95999	NEUROLOGY/NEUROMUSCULAR	-13.5%	8.2%
96100-96117	CENTRAL NERVOUS SYSTEM	-34.6%	-18.3%
96400-96549	CHEMOTHERAPY ADMINISTRATION	-31.9%	-14.9%
96900-96999	DERMATOLOGY	11.8%	39.7%
97001-97799	PHYSICAL MEDICINE & REHABILITATION	-10.0%	12.5%
98925-98929	OSTEOPATHIC MANIPULATIVE THERAPY	-27.8%	-9.7%
99000-99070	SPECIAL SERVICES/REPORTS	-2.0%	22.5%

YOU make the CALL



Want to have your say on the health care issues which are important to Iowa physicians?

You can do that by checking out the new Online Poll on the Iowa Medical Society's web site.

The quick and easy poll is similar to the CNN Interactive poll. All you have to do is go to the IMS web site and the IMS Online poll appears on the first screen. Just click on your multiple choice answer. If you wish to, you can also check out how other physicians have answered the question.

IMS has also provided a way to email IMS President John Brinkman, MD with any comments.

In the current IMS Online poll, 45.5 percent of respondents said liability for health plans should be left to the courts; 27.3 percent said health plans should be held accountable in Iowa statutes.

Why not weigh in with your opinion? Then bookmark the IMS site so you can return to the poll quickly next time.

Iowa Medical Society distinctions

HAROLD ADAMS, JR., MD has been elected a director of the American Board of Psychiatry and Neurology.

NANCY ANDREASEN, MD, PhD received the Robert Sommer award in recognition of her research in the field of schizophrenia.

NANCY ANGENEND, MD was honored at the 17th Annual YWCA tribute to women of achievement.

ELIZABETH BROWN, MD was featured in the *Des Moines Register* "Do you know" column.

CHARLES CAUGHLAN, MD was chose as one of 46 recipients to receive the "Leave it better than you found it" award.

ROBERT HARTUNG, MD co-medical director of the Center for Breast Health at Genesis Medical Center, has been named a winner of the 1998 Award of Hope.

ELDON HUSTON, past executive vice president of IMS, was appointed to the Board of Directors for the SCHIP program.

GEORGE KAPPOS, MD was installed as president of the Iowa Academy of Physicians.

PAULA MAHONE, MD and **KAREN DRAKE, MD** will be honored by the NAACP for being role models due to their part in the delivery of the McCaughey septuplets.

PAUL ROHLF, MD was elected president of the American Association of Ambulatory Surgery Centers.

JANET SCHLECHTE, MD received the U of I College of Medicine Collegiate Faculty Service Award.

RIZWAN SHAH, MD received tribute from Children and Families of Iowa for her work with trouble youth and their families.

CLIFFORD SMITH, MD was featured in the Sunday edition of the *Des Moines Register*.

Correction notice: Rizwan Shah's name was misspelled in the Nov./Dec. issue of Iowa Medicine.

DECEASED MEMBERS

NESTOR PANGILIAN, MD, 58, active, psychiatrist, Waterloo, September 7, 1998.

PETER WUNDRAM, 36, Rock Island and Scott County Medical Society, Davenport, October 25, 1998.

JERALD GREENBLATT, MD, 85, life, pediatrician, Cedar Rapids, November 3, 1998.

FREDERICK KATZMANN, MD, 86, life, family practice, Des Moines.

TIME is running out!

Are you Y2K compliant?

A recent ABC Nightline featured a couple who call themselves "Y2K survivalists". They have bought an acreage in the hills, surrounded it with an electrified fence, have a generator-powered water source and are stocking up on canned goods. They believe when the clock strikes twelve on December 31, 1999, America will be plunged into chaos.

It's not necessary to take it quite this far, but if you haven't started thinking about your office Y2K strategy, you'd better start. NOW.

Y2K, the acronym for the year 2000, is used to describe the major problems computers and other electronic equipment will have after December 31, 1999.

When computer programming began, storage was expensive. To keep programs as small as possible, it was common to drop the century portion of the date. As a result, when the millennium rolls around, many computers chips will think it is 1900.

This could cause serious problems with IBM compatible hardware and software. While Macintosh hardware is compliant, some software may not be. There will also be problems with physiomonitoring and diagnostic equipment, IV pumps, heart defibrillators, pacemakers, elevators, security systems and even your timed coffee machine. Your suppliers, payers, utilities, etc. may experience Y2K problems that will affect you. It is your responsibility to find out if they are in the process of becoming Y2K compliant.

These same computer mix-ups could endanger the lives of millions of patients by affecting health care delivery. Many patients (including diabetics) self-medicate using computerized equipment at home. There is cause for concern at all levels.

Joel Ackerman, executive director of a Minneapolis-based nonprofit information clearinghouse devoted to alerting the public about the coming crisis, says there is a "big variation in the level of activity" between institutions. Some organizations are planning 'pre-2000' testing of their equipment, while others believe such tests are unnecessary. Ackerman's main worry is that time is running out. "We just don't have a lot of slack," he said.

It is a essential that you check your compliance and your suppliers compliance without delay. Lauren West, a Utah registered nurse, points out a very important issue, "If IV pumps are not working correctly, physicians may not be able to give the right dosage to the right patient."

Obviously, not being Y2K compliant has all sorts of unpleasant implications.

Y2K will be topic at IMS meeting

The potential for Y2K problems in physician offices and clinics will be a topic at the Iowa Medical Society's Education Session Friday, April 16 at the downtown Marriott in Des Moines. The session will be taught by Kevin Lutz, vice president of information technology for the American Medical Association.

HCFA has made Y2K its top priority. For more on this and on what you should do in your office, turn to the next page!

HCFA: Y2K is top priority

The Y2K issue isn't just a top priority at HCFA these days, it's THE top priority. It had better be, since HCFA's computers and those of its business partners are critical to claims' processing for 70 million Medicare and Medicaid beneficiaries.

Especially critical is transmittal of date-related information demanded by HCFA, such as when did a beneficiary become eligible for Medicare, or when was a patient admitted and discharged from the hospital.

If Y2K is not addressed, providers could experience delayed payments because HCFA is not receiving date-related information.

HCFA says Y2K is a huge challenge since it requires identifying and renovating all computer and information systems. When that is complete, the renovated systems have to be tested.

Some improvements to systems — including transition to uniform systems for Medicare Part A and B — have been postponed until later this year so HCFA can work on Y2K.

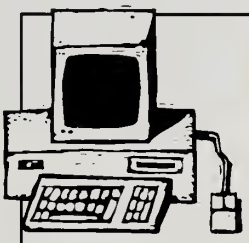
Nancy Min DeParle, HCFA administrator, has committed significant staff and other resources to Y2K. Special teams of employees have been formed and retired federal programmers hired to help with Y2K efforts. HCFA requested $62 million in federal funds for 1999 to go to Y2K compliance efforts.

HCFA says it is also working with over 60 Medicare contractors who process and pay Medicare claims to make sure their systems function and interface with other systems. HCFA officials say most of the renovation is nearing completion and will be tested this year.

The cash flow in your office will be affected if your systems and those with which you interface are not ready. You must ensure your readiness with each of the entities to which you bill claims. If you rely on a billing service and the service is not ready, it could cost you money, particularly if payment for their services is based on the number of claims filed.

You could also face potential legal issues due to negligence if you are not Y2K ready. For example, what will happen if there is a malfunction in biomedical equipment or medical devices necessary for patient diagnosis? As a provider, you could be held personally liable if something goes wrong.

Finally, you also need to assess the effect of Y2K on other technology such as elevators, telephone systems, payroll systems, office forms and office security systems.



IMS will help you get ready

Ok, you've already heard more about the Y2K problem than you ever wanted to hear, and it's still a year away. But, have you read the article on page 10? It will be possible to be sued if you don't address Y2K and a patient is hurt because something goes wrong with medical equipment in your office. As part of its practice management programming, IMS plans to have a Y2K seminar. This seminar will focus on the operational AND clinical/legal implications of Y2K. The tentative date is May 6. Watch for more information!

New CVMRI system in use at UIHC

A new, vastly improved imaging system for diagnosing patients with heart disease is being used and evaluated by radiologists at the University of Iowa Hospitals and Clinics.

Cardiovascular magnetic resonance imaging (CVMRI) uses a combination of advanced magnets and radio wave technology to produce images of the human body that have the clarity of anatomy textbook illustrations. The new system enables clinicians at select heart centers to image the heart in real-time. Images can be acquired, reconstructed, manipulated and viewed at rates as high as 15 frames per second.

"With appropriate engineering developments, this new system will in a single image obtain all of the information required for diagnosing patients with heart problems," said Michael Vannier, MD, head of radiology at the UI. "Obviously, if we can obtain conclusive evidence in a single test, it not only improves the diagnosis but also saves time, lowers patient risk and reduces costs."

changing PARTNERS

David Vellinga is the new president and CEO of Mercy Medical Hospital Medical Center, and **Tom Reitinger** is the new president and CEO of Mercy Health Network.

Robert Bender II, MD and **Percy Weigel, MD** joined the physician staff of the Integra Health Central Region.

Iwona Sobczak, MD joined the staff at Neurology Consultants in Davenport.

Douglas Vickstrom, MD has relocated to the VA Outpatient Clinic in Bettendorf.

Lisa Laxson, MD joined the staff of Integra Health at the Boone County Hospital. **Jill Meilahn, DO,** Iowa Orthopaedic Center, began seeing patients on the first Monday of each month at the hospital in Boone.

Ghada Hamdan-Allen, MD joined the staff at Vera French Mental Health Center in Davenport.

Mary Hlavin, MD joined the physicians at the Quad City Neurosurgical Associates.

Christopher White, MD joined the physicians at Mercy/Mayo Family Medicine Center in Des Moines.

Contact Tina Stoner at the IMS, (515) 223-1401, (800) 747-3070 or by email at tstoner@iowamedicalsociety.org if you have news about physician practice changes.

ALTERNATIVE medicine use ON THE RISE

Four out of 10 Americans used alternative medicine in 1997 to treat mainly chronic conditions, spending an estimated $27 billion for alternative therapies.

There were also more visits to alternative medicine practitioners than to primary care physicians. Only 40 percent of these patients told their doctors about their use of alternative therapies.

Many doctors see dangers in the public's acceptance of nontraditional therapies such as herbal medicines, biofeedback, homeopathy and acupuncture.

It is necessary to bridge the communication gap between patient and caregiver in order to lead to more responsible uses of alternative medicines.

—excerpted from the Nov. 11, 1998 issue of the Des Moines Register

IMS contacts *PAYERS* about Y2K

Check out pages 10 and 11 for more information about the Y2K problem.

Iowa Medical Society is concerned about whether health care payers across Iowa are addressing the Y2K problem. If they don't, your office could see a significant interruption in revenue flow in early 2000.

Michael Abrams, IMS executive vice president, and Steve Brenton, president of the Association of Iowa Hospitals and Health Systems, co-signed a December 15 letter on behalf of physicians and hospitals to 13 major public and private health care payers in Iowa.

The letter inquires whether payers are ready to continue accepting health care claims and to reimburse providers in a timely manner. The letter asked payers to respond to five specific questions by the end of December.

"Obviously, the potential for Y2K problems to cause disruption of revenue flow is of significant concern to our members," said Abrams.

Letters were also sent to utility companies posing questions regarding their readiness to continue service to physician offices, clinics and hospitals.

Both IMS and IH & HS will share responses of payers and utility companies regarding Y2K readiness.

IMS meets governor-elect

A group of IMS physicion representotives held o dinner meeting with Governor-elect Tom Vilsack in mid-December. The governor's ogendo for heolth core wos discussed. He plons to focus on methomphetamine use in Iowo, on issue which is olso the top priority for the IMS Committee on Public Heolth. Pictured ot the dinner meeting ore the governor-elect (right); IMS Executive Vice President Michael Abrams (center); ond Dr. Amir Arbisser of Davenport (left).

IMS, BME discuss issues

Public release of investigative information was one of several issues discussed when the IMS Board of Trustees met recently with five members of the Iowa Board of Medical Examiners.

IMS trustees expressed concern over the amount of information being released to the press when charges are filed against Iowa physicians, in particular the fact that information being released goes beyond a concise statement of the charges. The Board later asked IMS staff to review an Iowa court decision from three years ago on this issue.

IMS Board members also raised the topic of the BME web site, which now contains listings of charges filed against physicians. IMS leaders are concerned about how often the current status of such charges will be updated.

The BME's search for a new executive director and scope of practice issues for pharmacists were also discussed.

The IMS Board meets annually with the BME.

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Repeat calls; same complaint

three calls and you're OUT?

Most physicians have experienced the patient who calls several times complaining about the same problem. It could be the postoperative patient with continuing complaints of pain, or the patient on an antibiotic experiencing side effects.

With the pressures of treating more patients every day and tighter controls on treatment access, it may be tempting to opt for telephone treatment. However, malpractice claims that arise out of telephone treatment frequently involve two or more calls to the clinic, with the patient describing ongoing or escalating complaints. The danger lies not in initially treating a minor complaint by telephone, but in continuing to rely on the patient's description of an ongoing problem without evaluating it in person. Patients typically lack the knowledge to accurately describe their condition or appreciate the significance of their symptoms.

Document all patient calls in which treatment advice is given during clinic hours and on-call hours.

Remain alert to whether patients have called previously about the same problem, including checking the chart for prior complaints. The second call should raise your index of suspicion about the need for an office exam before rendering further telephone treatment. If you haven't seen the patient by the third call, you may already be on the road to a malpractice claim.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

That FUTURE is here

Are you looking at the new $20 bill and hesitating momentarily? Has there been a mistake?

New currency generates uneasiness in some of us. With the new bill, a magnified Andrew Jackson is our future. That future is here.

So it is in medical education. As I write this piece, the fall semester comes to a close. My seminar with seven first-year medical student has one remaining session. Their bright faces, quick minds, considerable energy and commitment to becoming physicians are the new currency of our profession.

Most of us will enjoy some continuing time in circulation, but the transactions of health care in the first half of the new century will largely be made by them, even though they yet have seven years in the pipeline.

Be of good cheer! Capable hands are in the making, fashioned in a redesigned mold but possessing timeless concern for the sick and needy.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

Patient protection and its fate in the 1999 General Assembly

IMS has successfully secured the support of legislators in the House and the Senate for drafting of a study bill reflecting the IMS House of Delegates directions on managed care. External review legislation, allowing patients to appeal negative medical necessity determinations to an outside review entity approved by the division of insurance, is on a parallel track.

Where are the big areas of debate? Iowa licensure of physician reviewers and health plan accountability are red flags for many lawmakers and lobbying organizations. At the same time, passage of effective patient protection provisions remains an issue of interest to members of both parties. The House Republicans recently announced that they would be developing a bill of their own and Governor-elect Vilsack has called together a health care focus group and convened a town meeting to discuss, among other things, patient protection initiatives.

Medicaid PAYMENT for PHARMACEUTICAL care?

In October, Governor Branstad called together the pharmacy and medical professions to encourage resolution of disagreements on a proposed study to assess the effectiveness of pharmacists' drug-related therapies on the quality of patient care and lowering Medicaid payment for drugs. IMS objected to Medicaid reimbursement of pharmacists for pharmaceutical care. Since then IMS has been meeting with physicians and pharmacy representatives to reshape study protocol, to narrow the study's focus to disease-specific or high complexity procedures, to require that pharmacists participating in the study work with physicians in a team approach, and to provide for payment under the study for physicians as well as pharmacists who provide drug therapy services. Redrafts of the study's protocol have not yet met with physician approval; discussions continue.

Where, OH WHERE, are the health plans for HAWK-I?

The state children's health insurance program (HAWK-I) is proceeding with the many details of implementation toward an effective date of January 1. A big issue has been the cool response of health plans. Iowa Health Solutions was the first to step up to the plate and has contracted to provide a managed care product in 17 counties. John Deere and Wellmark continue to explore participation but have not signed contracts. Wellmark expects to offer coverage under its indemnity product, Classic Blue. Note: Once managed care enters a county, only other managed care companies, and not indemnity products, will be allowed to offer contracted services in that county.

On the LITIGATION front...

The IMS Board voted to join the AMA and the American Academy of Pediatrics on a "friend of the court" amicus brief challenging federal Medicare/Medicaid reimbursement to non-medical religious institutions, such as Christian Scientist sanatoria, engaged in spiritual healing. The case will be heard by the 8th Circuit Court of Appeals. Briefs are in progress.

We want you! And so does the Governor

Physicions received a moiling asking far their involvement os key contacts in the IMS advacacy progrom. If you hoven't responded or if yau have questians, cantact Paul Bishop, IMS manager af legislative affairs ot IMS Headquarters, (800) 747-3070. Physicions moke o tremendaus difference in the success af IMS' advacacy initiatives. Governor Vilsack has asked for nomes of physicions interested in serving on state boords ond commissians. Cantact Cheryl Peers ot IMS (800) 747-3070 far a copy of the listing ond opplicatian farm.

Treating family members? Ethics caution AGAINST it

Physicians should think twice before letting a family member become their patient.

by Jeanine Freeman, JD

Doctor in the family? Fantastic? Well, maybe not.

Principles of medical ethics raise caution on physician self-treatment and treatment of family members. "Physicians generally should not treat themselves or members of their immediate family," states AMA ethical opinion E-8.19. Physicians also should not write prescriptions for themselves or immediate family members, unless it's an emergency.

The reasons for this ethical stance are many. Professional objectivity may be compromised. Physicians' personal feelings may influence their judgment. They may also fail to probe sensitive areas when taking a medical history or may fail to perform intimate parts of an examination. Poor medical outcomes may create tension with family members and guilt in the physician.

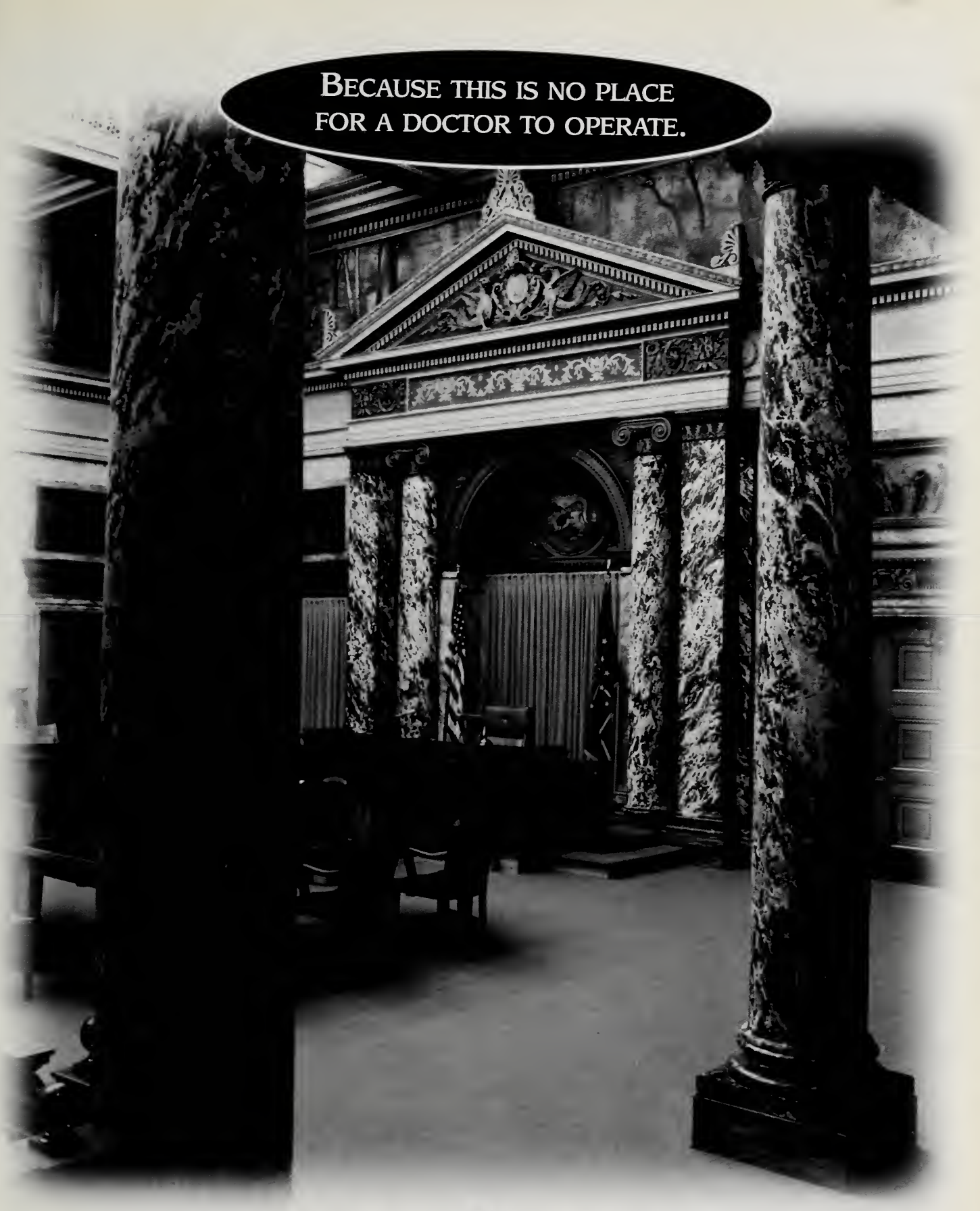
Family members under treatment are patients. Confidences that are often critical to a successful physician/patient relationship might not occur because the family member is uncomfortable disclosing sensitive information or having an intimate examination. Family member patients are in a difficult position if they want to seek a second opinion; strong loyalties or fear of offending the physician family member may preclude the patient from asking questions about treatment.

The AMA opinion does not define "immediate." The AMA Ethics Division says it means "blood relations and in-laws." How deep in the blood line would the prohibition extend? "Immediate" generally means next in line in relation, directly connected and not secondary or remote. Parents, children and siblings would be direct in line or immediate; direct in line in-laws would be mother- and father-in-law and brother- and sister-in-law. The reasoning of the opinion should guide physicians in deciding to treat or not treat family members such as cousins, uncles, aunts, nieces, nephews or grandparents.

Can a physician ever treat an immediate family member? Yes, if an emergency exists, or the family member lives in an isolated area and no other physician is available in a time of need, or the care is routine, minor and short-term in nature.

Iowa law is silent on this issue but rules of the Iowa Board of Medical Examiners cite unethical conduct as grounds for initiating disciplinary action.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.



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Acute asthma attacks and other asthma related symptoms frequently result in visits to hospital emergency departments (EDs).

A six-month study was performed on asthma-related visits to the EDs of Genesis Medical Center in Davenport, Iowa. Patients were divided into three groups: Group A had private insurance carriers; Group B had public insurance carriers; and Group C did not have insurance.

The study indicated that, contrary to popular belief, a significant percentage of patients visiting EDs with asthma related illnesses are insured by private insurance carriers. It also indicated, among other things, that increased attention by primary care physicians in educating their patients regarding the importance of prescriptions and the use of inhalers could significantly reduce the ED visits and costs of patients with asthma related illnesses.

The study was conducted by Aalap Mahadevia, a senior at Phillips Exeter Academy, who has been working in the area of health economics. He lives in Bettendorf.

If you would like further information regarding this study, please contact him at Aalap Mahadevia, 33 Briarwood Chase, Bettendorf, Iowa 52722 or email him at AKM30@aol.com.

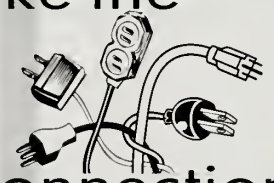
Searching for three OUTSTANDING PEOPLE

The Iowa Medical Society is now accepting applications for two awards: and

To nominate someone, call Chris McMahon at the IMS (800) 747-3070 or email her at cmcmahon@iowamedicalsociety.org for applications. Nominations are due by March 1.

Staff Care, Inc. is looking for great country doctors for the award. If you would like more information, call Chris McMahon at the IMS (800) 747-3070 or email her at cmcmahon@iowamedicalsociety.org. Nominations are due by April 10.

make the



connection

1999 IMS/IMSA ANNUAL MEETING

about abuse in Iowa?

in new wrinkles in

about the course will take in the ?

These topics and many others will be discussed at the 1999 Iowa Medical Society/Iowa Medical Society Alliance Annual Meeting Education Session on Friday, April 16 at the downtown Des Moines Marriott. Mark your calendars now and plan to attend this intriguing program.

Watch your mail for more information!

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it's election time AT the Iowa Medical Society

The 1999 IMS House of Delegates, which will meet at the downtown Des Moines Marriott, Des Moines on April 17 and 18, will hold elections for the following offices: president-elect, 1-year term; two AMA delegates, 2-year term; two AMA alternate delegates, 2-year term; speaker, House of Delegates, 1-year term; vice speaker, House of Delegates, 1-year term and six new at-large Board of Director positions with 2-year terms.

The 1998 House of Delegates approved a major strategic plan that overhauled the IMS governance. The current seven-member Board of Trustees, renamed the Board of Directors, will expand to 15 members: president, president-elect, and immediate past president along with six district directors (representing geographic areas of the state) and six at-large directors.

Delegates attending the 1999 House of Delegates will separate into their respective districts during the meeting and elect a director for the IMS Board of Directors. Members running for this office need not be delegates, but must make it known that they are interested in being nominated. In the future, the six districts may either caucus on the second Tuesday of March prior to the House of Delegates or during the House of Delegates to elect a district director.

The Nominating Committee will meet in late March to assemble a slate of candidates for the six at-large director seats. These positions are open to any active member of the IMS, as well as Life members approved during and prior to the 1998 House of Delegates. If you are interested in being placed in nomination for this office, please contact your current District Councilor or a member of the Nominating Committee. A list of committee members and the specific date and time of the meeting will be mailed to all members.

This will be the last year for the district caucuses as we know them. Because of the new elections taking place, it is important for every member to attend their respective caucus. Notices of date, time and location are being mailed four weeks prior to the district caucus.

IMS offices up for election in 1999

Offices up for election at the Iowa Medical Society's Annual Meeting April 16-18 include: (The length of each term is in parenthesis, along with the name of the physician now holding the office.)

PRESIDENT-ELECT, (1)	Siroos Shirazi, MD
TWO AMA DELEGATES, (2)	Thomas Graham, MD
	Bryan Pechous, MD
TWO AMA ALTERNATE DELEGATES, (2)	Michael Disbro, MD
	Janice Kirsch, MD
SPEAKER, (1)	Tom Throckmorton, MD
VICE SPEAKER (1)	John Sutherland, MD

Early retirement? IS IT POSSIBLE?

Many people are retiring in their 50s. Can you afford to retire early?

by Jerry Foster

Interest in early retirement is growing. Officially, the normal retirement age is 65 which is when we become eligible for full Social Security benefits. However, the average retirement age for Americans is now 62, which is when reduced benefits can be claimed. Many people are now retiring in their 50s, which brings to light several questions to be answered.

How much is enough to support an early retirement will be determined by the level of spending a person expects in retirement. Don't base this on some of the popular figures thrown around that indicate retirement spending to be 60 percent to 80 percent of pre-retirement income. It comes as a big surprise to many when they find out that they're actually spending 100 percent. The only way to know for sure is to practice retirement at a determined spending level and see how it feels.

An inflation assumption needs to be factored into the equation. For the past two decades, inflation has averaged around four percent, which will increase the current spending by a factor of 1.8 times in 15 years and by 3.2 times in 30 years. One very critical issue that will need attention is health insurance. Medicare won't be available until age 65, so a 55-year-old retiree will have a 10-year gap to fill, which could create a substantial increase in spending.

Life expectancy becomes a critical factor as well. The standard tables assume people will die in their late seventies. However, that's an average. Half the people will live longer. I generally assume a life expectancy of at least 90 in order to be safe.

Once we get a handle on these issues, a strategy needs to be developed for where the income will come from. Consideration should be given to tax consequences, early withdrawal penalties and simplification of distribution process. The allocation of your portfolio will be critical in meeting the income needs and the distribution strategy.

When considering what the next 30-40 years of your life will look like, careful attention should be given to all the details to ensure a successful retirement.

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

Mark your calendars NOW

This article was written by Diane Trimble, IMSA president

Mark April 16-18, 1999 on your calendars.

The Iowa Medical Society/Iowa Medical Society Alliance Annual Meeting will be a time for the two of you to attend interesting educational programs, to have dinner or go to a Des Moines cultural event, to attend House of Delegates meetings of the IMS and IMSA and to connect with friends at the IMPAC event and the IMS/IMSA Banquet.

On Friday, April 16, the Education Session will give spouses an opportunity to hear presentations ranging from health care in a multicultural society to dealing with the obsession to look

perfect. Plastic surgery, alcohol use and abuse in today's society, methamphetamine abuse in Iowa and Y2K computer problems.

Although spouses have occasionally attended some presentations, this year they will be officially invited to the whole program. The 1999 meeting marks a first for a Alliance member to be a part of the Annual Meeting program committee.

The topics were selected to provide physician education in a variety of areas but also will be very interesting to others because of career education or for general interest.

Also, plan to attend the evening reception "Too Smart to Smoke," presented by the National Children's Theater.

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Director, Student Health Center

Iowa State University invites nominations and applications for the director of its student health service, housed in a recently completed multi-million-dollar facility. The center offers the full scope of ambulatory health care services and is dedicated to providing Iowa State's 25,000 students with health care and health education programming. See www.public.iastate.edu/~health/homepage.html

Iowa State University, a land-grant university and one of 25 public AAU institutions, is located in Ames, Iowa, a community of 50,000 recently ranked as the second most livable small city in the United States.

The center director oversees a staff of 65 and reports to the vice president for student affairs. The successful candidate for this position will demonstrate an understanding of student health services within a public institution dedicated to education, research and outreach; the ability to define and articulate health issues for a campus community; a vision of community health promotion appropriate to a campus environment; strong evidence of effective management and motivational skills; a history of effective supervision in a medical setting; and a track record of consensus building and team problem-solving.

Candidates must possess a master's degree in business, health care administration, hospital administration, or a related professional field and eight years of health care management experience, specifically dealing with facility operations, budget responsibilities, and medical personnel management. Excellent written and oral communications skills and personnel management skills are essential. The incumbent must be a highly motivated self-starter who is creative and flexible. MD's or DO's with the accompanying management experience in a health care facility are also encouraged to apply. Preference given to candidates demonstrating health care experience with a college-age population: experience in negotiations with insurance carriers; previous clinic management experience; and professional experience in higher education.

Salary will be commensurate with experience and qualifications. Iowa State offers an attractive fringe benefits package. Position is available May 1, 1999; starting date is negotiable.

Submit a letter of application and résumé, including the names, addresses, and telephone numbers of five references to David R. Bousquet, Chair, Student Health Center Director Search, 311 Beardshear Hall, Iowa State University, Ames, IA 50011-2039. FAX: 515 294-2305.

Screening of applications will begin March 3, 1999. Applications and nominations will be accepted until the position is filled. Applications received by March 3, 1999, will receive full consideration. The scope and responsibilities of this position require a complete review of credentials and background. Finalists will be asked to sign relevant releases.

Iowa State University does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, sex, marital status, disability, or status as a U.S. Vietnam Era Veteran. Any person who have inquiries concerning this may contact the Director of Affirmative Action, 318 Beardshear Hall. (515) 294-7612.

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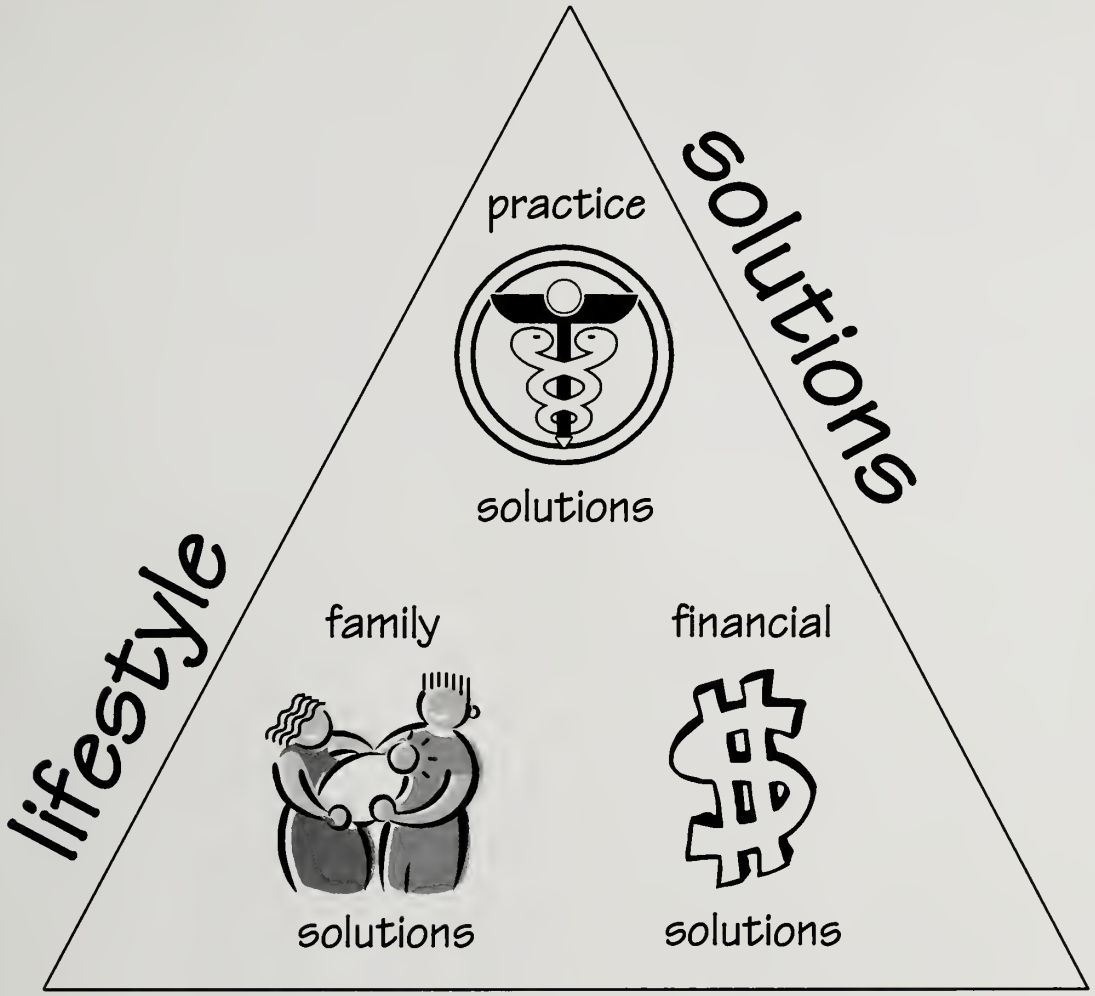

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Iowa Medicine
March/April 1999 An Iowa Medical Society publication

This is how it feels

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Iowa Medicine

Published by the Iowa Medical Society

March/April 1999 Vol. 89/2

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TOPICS (tentative)

Treatment of Postop DVT and Pulmonary Embolism
Risk Infections in Surgical Patient 1998 and Beyond
Complications After Pancreatic Surgery
Biliary Injuries
Complications of Reflux Surgery
Postoperative Complications of Laparoscopic Surgery
Management of Acute Diverticulitis
Management of Complicated Problems - Ultrasound
Treatment of Perioperative Coagulopathy
Rational Use of Antibiotics in Surgery
Complicated Pancreatitis
Pancreatic Leak Following Whipple
Redo Antireflux Surgeries
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Complications of Anorectal Crohn's Disease
Critical Care of Complex Problems

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IMS wants INDEPENDENT *medical examiner*

The legislature must make a commitment to fully fund and support an independent state medical examiner.

by John Brinkman, MD

The IMS has closely followed the issue of the state medical examiner's office. We believe that support for the state medical examiner's office is an important public health issue, and we are counting on our member physicians to speak out to lawmakers.

The medical examiner's office continues to function without a forensic pathologist. The Legislature needs your input in making the appropriate decision on funding and on where this office will be located.

The office has been housed in the Department of Public Safety. This is a concern for those who believe this makes the office most responsive to criminal cases but less responsive to other deaths. When the office is part of a department, funding may be at the direction of the department unless there is single line funding.

Another option which has been discussed is putting the medical examiner's office in the Department of Public Health. Certainly this would improve it in terms of relating to a broader population. However, if the death under investigation occurred in a facility, certain department interests would be expected to emerge.

The 1998 Iowa Medical Society House of Delegates passed a resolution calling upon the governor and the Iowa Legislature to allocate funds and human resources to strengthen the office of the state medical examiner.

Strong financial and organizational support is critical for the state medical examiner to reliably investigate deaths related to crimes or the public health. The state medical examiner is the key officer responsible for determining why Iowans have died.

Consultants who evaluated Iowa's situation say we need two forensic pathologists. Appropriations must therefore provide for a deputy state medical examiner and sufficient forensic assistance and administrative staff to assist the chief examiner.

The Iowa Medical Society supports the recommendation of the National Association of Medical Examiners (NAME) report calling for an independent office accountable to the governor. Please contact your legislators with your input.

For a copy of the NAME report or the IMS position paper on this topic, please contact Cheryl Peers at IMS headquarters, (800) 747-3070 or (515) 223-1401.

Dr. Brinkman is an internist practicing in Mason City and president of the Iowa Medical Society.

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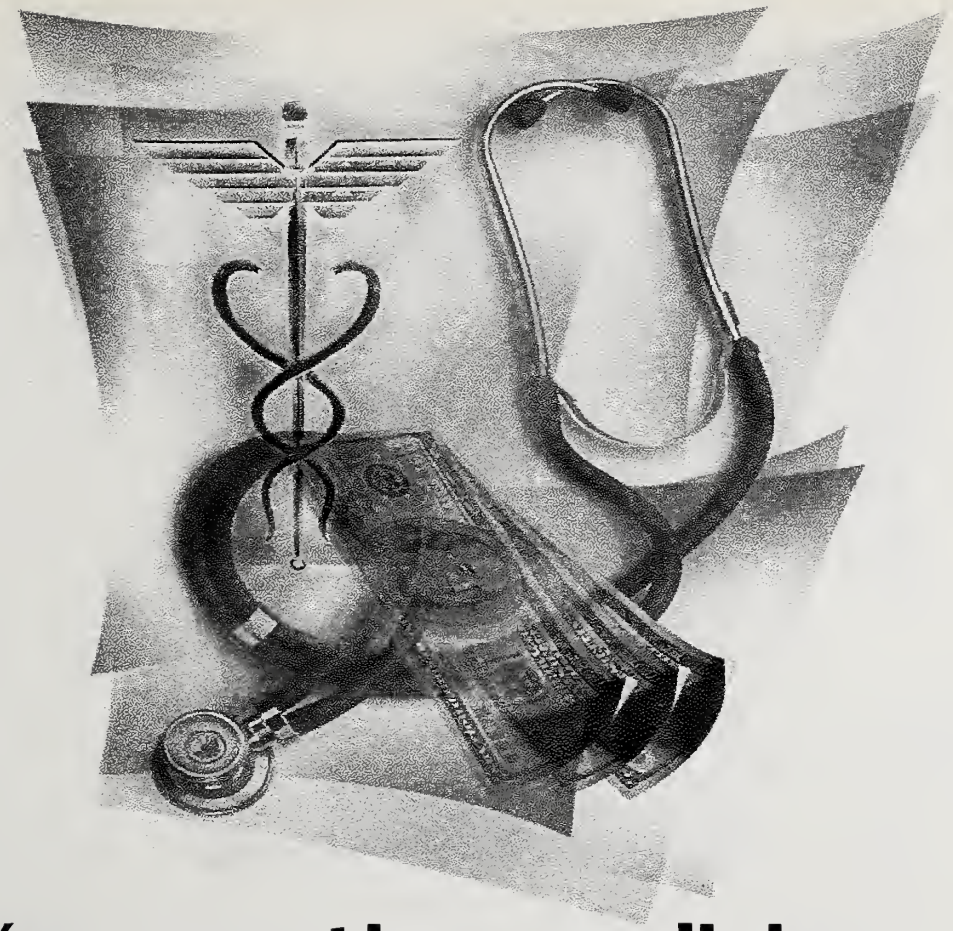

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UNIONS *scramble* to recruit physicians

As physicians become more concerned over managed care contracts that rob them of control over patient care, efforts to unionize physicians have accelerated in recent months. More and more unions are scrambling to recruit them, and thousands of physicians are signing up.

Physicians from over 12 states are moving to unionize at such a rate that labor experts expect the number of physicians in unions to grow by 15 percent or more each year.

Medical experts estimate about 35,000 physicians are in unions. Many are salaried staff physicians at hospitals, both public and private. At the same time, many physicians in private practice are joining unions to give themselves more expertise and power when they negotiate with HMOs.

With more than 90 percent of the nation's physicians having at least one contract with a managed care company, many physicians cite a loss in decision-making authority and a drop in reimbursements as reasons for joining a union.

The push to unionize physicians faces several obstacles: the federal government, federal labor law and ethics. Many physicians believe going on strike would violate the Hippocratic oath by denying care to patients.

— excerpted from the Feb. 4, 1999 issue of the New York Times

changing PARTNERS

Christopher Atchison, Iowa's director of public health, has accepted a position with the University of Iowa's School of Public Health.

Willis Fry will resign as CEO of Broadlawns Medical Center in March.

Robert Kreamer, DO has retired after practicing medicine for 43 years in central Iowa.

Jay Mixdorf, MD is the executive director of Mercy Family Network.

Michael Reagen has been appointed to the newly created position of senior vice president and chief advancement officer at University of Osteopathic Medicine and Health Sciences.

Mark Thoman, MD is the new chief of staff at Broadlawns Hospitals.

G. Allen Crist, DO and **Prabhaker Pisipati, MD** joined the staff at the Finley Hospital.

Contact Tina Stoner at the IMS headquarters, (515) 223-1401, (800) 747-3070 or by email at tstoner@iowamedicalsociety.org if you have news about physician practice changes.

Physician OPPOSES *new wine label*

"The proud people who made this wine encourage you to consult your family doctor about the health effects of wine consumption."

New wine slogan? Not quite; it's a new label recently approved by the Treasury Department and its Bureau of Alcohol, Tobacco and Firearms.

The new label will soon be appearing on wine bottles from two wine makers who applied for approval along with the required government warning, "Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery and may cause health problems."

In an interview on a Des Moines television station, William Wickemeyer, MD, a cardiologist with the Iowa Heart Center, said he would prefer the new label not be used. According to Dr. Wickemeyer, there are too many unanswered questions about the supposed "health effects" of drinking wine.

Another OIG *FRAUD* report

The AMA is expressing anger over yet another Medicare fraud report from the Office of the Inspector General (OIG).

In a much-publicized report, the OIG said "improper payments of $12.6 billion" were made to hospitals, physicians and other providers in 1998, an error rate of 7.1 percent.

The OIG compared this to their 1997 estimated error rate of $20 billion, concluding that the government's fraud and abuse efforts are working.

The OIG report was based on a survey of 5,540 claims paid for 600 beneficiaries. Despite the fact that over 860 million claims were processed in 1998, OIG called its study "statistically valid."

The OIG's 1997 fraud and abuse analysis was conducted with the same miniscule claims sampling, a fact which IMS has repeatedly pointed out to Iowa's congressional delegation.

In addition, OIG auditors made no attempt to distinguish between deliberate attempts to defraud the government and simple errors.

Statistically valid sampling, says OIG

Claims used for OIG study

Number of claims studied — 5,540
Number of Medicare patients studied — 600
Number of non-compliant claims — 915
Estimated projected error rate — 7.1%
Cost of projected errors — $12.6 billion

1998 Medicare claims

Actual Medicare claims — 860 million
Actual number of Medicare patients — 39 million

As in the OIG's 1997 study, the sampling represents less than one-tenth of one percent of actual Medicare claims.

Only MDs, DOs should be Medical Review Officers

Should the state allow people other than MDs and DOs to serve as Medical Review Officers (MRO) for employee drug-testing programs?

IMS doesn't think so and is asking the Iowa Legislature to bring Iowa's drug testing law into conformance with federal standards.

Federal drug testing programs require a licensed MD or DO to receive employee drug test results and ensure there is no legitimate medical explanation for a positive test, such as a legally prescribed medication. Iowa's drug testing law allows chiropractors, nurse practitioners and physician assistants to serve as MROs. No other state permits this.

The IMS believes that non-physician providers generally do not have adequate pharmacokinetic and toxicological training to confirm legitimate medical explanations for an employee drug test. For example, under Iowa law chiropractors are prohibited from dispensing drugs. Yet, MRO chiropractors would be responsible for identifying the presence and significance of the same drugs they are prohibited from prescribing.

IMS is concerned that, if false positives are not correctly interpreted, an employee's livelihood and reputation could be jeopardized.

IMS lead player in PATIENT RIGHTS

The IMS is recognized as a lead player on patient rights, and IMS representatives continue in arduous negotiations over provisions of the bill which will eventually emerge from the Iowa Legislature.

Passage of an external review process is likely. Unlikely is a Texas-like liability bill; the governor has not come out in favor of one, and the Republican majority is opposed. A final bill will likely address continuity of care for pregnant women, a prudent layperson standard for emergency care, a prohibition on gag clauses in insurance contracts and required adherence by health plans to the utilization review standards of URAC or NCQA. The commissioner of insurance also plans to introduce a privacy protection act.

Push to repeal CON *continues*

IMS' initiative to repeal Iowa's certificate of need (CON) law has generated a great deal of attention and opposition from many circles, including hospitals and nursing facilities. Committee leadership wants to await the outcome of a study of CON by the Department of Public Health due in 2000. IMS has told lawmakers that it will continue to lobby for repeal.

Governor OKAYS TWO PERCENT Medicaid increase

The governor has approved a two percent general increase in Medicaid reimbursement for physicians, but IMS has made it clear more is needed. IMS seeks a $6 million state appropriation, to be matched 2-1 by federal dollars, to bring Medicaid payment to physicians at least in line with Medicare levels. Lawmakers remain cool.

IMS proposes AIDS LAW CHANGES

IMS is proposing several amendments to Iowa's HIV/AIDS law. Changes include elimination of pretest counseling requirements, authorized reporting and testing of a source patient when a treating health care provider suffers a significant exposure, and including pregnant women among those to whom testing and counseling should be offered. HIV legislation is sensitive. IMS has provided its bill draft to several parties who continue to examine it.

Fate of state ME office UNDECIDED

Physician pathologists, county medical examiners, family practitioners and others continue to call for an effective, fairly funded and adequately staffed state medical examiner's office. The governor's budget calls for increased funding for and placement of the office within the Department of Public Health. Prosecutors argue that it should remain within the Department of Public Safety. IMS supports an independent office. IMS has called together a group of physicians to guide IMS' legislative activity on this issue.

A potpourri of other issues . . .

IMS supports 1) increased HAWK-I funding to cover children in families up to 200 percent of federal poverty; 2) mandated benefits for physician-directed outpatient diabetes education and training consistent with benefits available under Medicare; 3) a change in Iowa's drug testing law to require physician medical review officers to provide a final analysis on employee drug tests; 4) legislation that requires children under the age of 15 to wear helmets while riding their bikes. IMS opposes certification of lay midwives and hospital privileges for PAs and ARNPs.

Making copies . . . **What is a fair CHARGE?**

How much should you charge your patients for copies of their personal medical records?

by Jeanine Freeman, JD

Records of a patient's care belong to the physician but patients have a right of access to information in them. What about charging for copies of medical records?

IMS' Physician's Guide to Iowa Law and Medical Records offers the following: *1) Physicians may establish reasonable charges for the costs of copying medical records.*

This statement is consistent with AMA Ethical Opinion 7.02. The Principles of Cooperation for Attorneys and Physicians, developed by IMS and the Iowa Bar, and the Iowa Code ß 622.10(3) acknowledge that a physician may assess a reasonable charge for medical records provided in the course of litigation. *2) Charges should be based on actual time spent by the office staff and the physician in reviewing the records and processing the request.*

The Principles of Cooperation say the same thing. Iowa Code ß 622.10(3) says that fees for records produced in litigation shall be based upon "actual cost of production." The Iowa Health Information Management Association says that "production" includes actual copying costs and personnel and other expenses associated with processing a request. *3) A patient should not be denied copies because of an inability to pay.*

This same principle should be borne in mind in developing a medical record fee schedule that may be reasonable given all of the factors set out above but may be viewed as cost prohibitive or unreasonable by many patients. A common complaint is high charges for record requests of less than 10 pages — a complaint frequently passed on to local lawmakers. *4) Access to medical records shall not be denied because of an unpaid bill.*

This statement is taken from AMA Ethical Opinion 7.02. Violation of this principle subjects the physician to disciplinary action by the Iowa Board of Medical Examiners.

Rules of the Iowa industrial commissioner set a schedule of maximum charges for preparing a copy of a medical record in worker compensation cases. While not binding in other situations, the rules (available from IMS) might be helpful in evaluating the reasonableness of an office record fee schedule.

Schedule of maximum charges for preparing copies of medical records in worker compensation cases

- $20 for 1 to 20 pages
- $20 plus $1 per page for 21-30 pages
- $30 plus $.50 per page for 31-100 pages
- $65 plus $.25 per page for 101 to 200 pages
- $90 plus $.10 per page for more than 200 pages

For instance, a 41-page medical record shall not exceed $35.50 ($30 plus $.50 for each page over 30). Postage may be added.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

Legal services

AVAILABLE for OLDER IOWANS

It is not unusual for older patients to share their personal problems, including legal concerns, with their physicians. Legal Services Corporation of Iowa's Legal Hotline provides free legal advice and referrals for all Iowans 60 and over.

Hotline attorneys respond to most non-criminal legal questions including Medicaid, Medicare, health care directives and other health care issues.

The Hotline telephone number is (800) 992-8161 or (515) 282-8161. It can be reached Monday through Friday between 8:30 a.m. and 5 p.m. The Hotline is a project of the Legal Service Corporation of Iowa and is funded in part by a grant from the Administration on Aging. Please call Legal Services Corporation at (515) 243-2151 for Legal Hotline brochures and posters for your office or clinic.

Iowa Board of Medical Examiners ruling

A recent Iowa Board of Medical Examiners ruling states "although it is appropriate for a non-physician to operate the (bone) densitometer, osteoporosis screening test should be ordered (in writing) and interpreted by a licensed physician," because "consumers may not fully understand the findings of the screening and/or may not seek proper and timely follow up from a physician when indicated." This issue was brought to the Board to address concerns about pharmacists with bone densitometers testing people off the street without physician involvement. Iowa Department of Public Health Information Notice 98-X05 informs all densitometer registrants of the Board's ruling and the requirement for a written physician's order to conduct screenings. The notice also reviews other current requirements for bone densitometers. For a copy of the notice, contact Denise Hill at IMS headquarters, (800) 747-3070.

reimbursement

SCREENING pelvic/breast exams

The IMS received a record number of calls in 1998 on a single issue — Medicare payment for a screening pap/pelvic exam at the same time as an evaluation and management (E&M) service. In July 1998, IMS sent a letter to Administar, the HCFA contractor who develops the correct coding edits, and the Iowa congressional delegation.

In recent communication, Joyce Zutell, HCFA health insurance specialist responded "I am pleased to report that we have revisited the payment policy for screening pelvic and breast exams, and we have concluded that reimbursement should be made on the same day, by the same physician for the same patient as an evaluation and management service done for a completely separate diagnosis. If a separately identifiable E&M service is provided, payment for both services may be allowed. However, the claim needs to indicate this situation by attaching modifier -25 to the E&M code. This policy change will become effective January 1, 1999 for G0101 and April 1, 1999 for Q0091. This is a two-part change to allow for payment of screening pap smears and pelvic examinations performed on the same day and an E&M respectively for G0101 and Q0091."

HAVE YOU had your SAY?

Online Poll
www.iowamedicalsociety.org
IMS Have your SAY

See how other physicians are responding to the weekly IMS Online Poll question. It's time to weigh in with your opinion at www.iowamedicalsociety.org.

Q Have you and your office staff started implementing a Y2K readiness plan?

- Yes, we have assessed our situation and are working on solutions — 66.7%
- No, we haven't started — 33.3%
- We'd like to start but don't know how — 0.0%

Q A lawsuit has been filed over a web site which lists names, addresses and other information about physicians who provide abortion services. Should this web site be banned from the Internet?

- Yes — 37.5%
- No — 62.5%

Q During the next five years, Iowa will receive $282 million dollars as a result of the tobacco settlement. What should be done with that money?

- Treat sick smokers — 21.4%
- Educate young people on tobacco — 35.7%
- Replace existing Medicaid funds — 28.6%
- Other — 14.3%

Q Do you believe President Clinton has been an effective force for change in the health care arena?

- Yes, he has displayed good leadership on health care issues — 13.3%
- No, but it's not his fault — 13.3%
- Effective? You've got to be kidding — 73.3%

IMS MEMBER distinctions & AWARDS

CASSANDRA FOENS, MD was selected as chairperson of the new young members section of the American Society of Therapeutic Radiology and Oncology.

MICHAEL SPARACINO, DO received the 1998 Educator of the Year award.

ROBERT FOLBERG, MD won first place in the distance learning higher education category from *Teleconference Magazine.*

ROBERT KELCH, MD accepted an invitation to chair the Association of American Medical College's Advisory Panel on Research.

STUART WEINSTEIN, MD received the Russell Hibbs Award for Clinical Research from the Scoliosis Research Society.

SAMUEL (KIRK) PAYNE, MD was chosen along with **MICHAEL SPARACINO, DO** and **NORMA HIRSCH, MD** to participate in the AMA-EPEC program.

WILLIAM HOWARD, DO was feature in the *Des Moines Register* for his volunteer work at the House of Mercy Medical Clinic.

RANDALL MAHARRY, MD is lecturing to dermatology residents at the Dermatology Training Institute at the medical school in Hanoi, Vietnam.

Four Dubuque physicians, **TIMOTHY MARTIN, MD; THOMAS JOHNSON, MD; MARK WERTHEIMER, MD;** and **RONALD IVERSON, MD** conducted a panel discussion on strategy to control heart disease and diabetes at the Tri-State Health C.A.R.E. Coalitions Crystal Ball luncheon.

DECEASED MEMBERS

ROBERT VELEY, MD, 70, emeritus, family practice, Cedar Rapids, January 25, 1999.

MICHAEL ABRAMS, MD, 56, active, family practice/addiction medicine, Des Moines, January 4, 1999. Dr. Abrams was devoted to the community on many fronts, including the battle against methamphetamines. A friend put it best: "He would make most lists of the people that Iowa could least afford to lose at this juncture. He was a person of conscience who addressed issues head-on with compassion, concern and faith."

Make your own contribution to history

If you have photographs, illustrations, rare books, medical equipment or other artifacts that reflect the history of the IMS or Iowa medicine in general, please feel free to telephone Chris McMahon at IMS headquarters (800) 747-3070. We welcome your contribution to the collective memory of the Iowa Medical Society.

Preparing for the IMS SESQUICENTENNIAL

The Iowa Medical Society is seeking nominations of notable persons and events in the history of Iowa medicine.

The IMS Sesquicentennial Committee is working with the University of Iowa College of Medicine to develop projects to celebrate "150 years of caring for Iowans" in 2000.

We will publish a monograph that celebrates the advancement of biomedical science and the practice of medicine led by Iowa scientists and physicians. Executive Associate Dean Richard Nelson of the College is soliciting nominations of manuscripts and other developments in Iowa medical history to include in the monograph. The planning committee is also interested in identifying people and events in the history of Iowa medicine that should be acknowledged in the monograph.

IOWA MEDICAL SOCIETY SESQUICENTENNIAL
150 Years 1850-2000
OF CARING FOR IOWANS

The monograph planners request that nominators provide specific information about the nominated person (a prominent physician in the development of a specialty in Iowa) or event (including a pioneering effort to introduce a procedure or medical care practice in Iowa).

Written nominations from members can be sent to Chris McMahon at the IMS via email (cmcmohon@iowomedicalsociety.org), via fax (515-223-8420) or by mail (Iowa Medical Society, 1001 Grand Avenue, West Des Moines, IA 50265). Nominations are requested by April 15.

IMS develops *task force* to BRAINSTORM Y2K solutions

Most businesses are trying to fix Y2K bugs, but what if something is overlooked?

The IMS has set up a task force of Iowa physician offices to brainstorm various solutions to potential claims problems. This group is working with the Association of Iowa Hospitals & Health Systems (IH&HS) to set priorities and develop contingency plans.

Claim submission, payment, the ability to communicate with Wellmark, eligibility verification, pre-certification and referrals are top priority.

A medium priority was assigned to Medicare crossover claims and dial-up inquiries for claim status. The lowest priority was given to written inquiries and provider application and credentialing.

The next step is to rank each function within its level of priority and decide how long a clinic could get by without the function.

While the physician and hospital representatives have been developing contingency plans with Wellmark, the intent is for the plan to apply to all payers. For more information, please contact Ed Whitver at IMS headquarters, (800) 747-3070.

WHO interviews IMS EVP on Y2K

Michael Abrams, IMS executive vice president, was interviewed for a WHO-radio series on Y2K. Abrams discussed IMS efforts to help physician offices cope with patient safety issues raised by Y2K.

IMS will help you get ready!

As part of its practice management programming, IMS plans to have a Y2K seminar. This seminar will focus on the operational AND clinical/legal implications of Y2K. The seminar will be April 27 at the Fort Des Moines. Call Jennifer Lucas at IMS headquarters for more information.

Informed consent: Paper forms ALONE DON'T CUT IT

Informed consent is a two-fold communication process: 1) the physician educates the patient about the significant risks, benefits and alternatives to a proposed medical treatment 2) the patients ask questions, make sure they understand the information given and either give their consent or decline the treatment.

Educating the patient — using words they can understand and answering all their questions — is essential to obtaining informed consent. Unfortunately many physicians view obtaining informed consent as the signing of a form alone. Of particular concern is the fact that the average informed consent form is written at a grade 17 reading level (graduate school). It is estimated that 90 million Americans read at a level described as quite limited.

RISK MANAGEMENT TIPS:

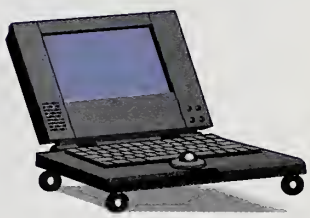
- Educate patients about the alternatives, risks and benefits to a proposed procedure. Use words they understand.
- Ask the patient to repeat what they understood about the proposed treatment.
- Do not rely on a printed form or brochure alone to provide the patient with information. You must actually discuss the proposed treatment and allow the patient time to ask questions.
- Document the discussion, indicating that you discussed the major and material risks and that the patient's questions were answered to their satisfaction. Do not delegate this task to your staff. You are held responsible for carrying out this duty.

MMIC will present a special focus seminar, **Informed Consent**, for its Iowa insured physicians, clinics and hospitals in nine locations this year. Please call MMIC for more details.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

how we learn

TECHNOLOGY takeover



This winter we face a challenging dilemma as we complete the design of a new teaching auditorium at the College of Medicine. The technology supporting learning is on a rampage. Many medical students are investing in laptop personal computers for downloading teaching materials from the College's server and will use the PC for taking notes during lectures.

A new 250 seat auditorium will be equipped to accommodate this learning mode, but the specific issue of whether to wire each seat or use a radiowave transmitter to "connect" each PC with the network is yet to be resolved.

Crystal ball anyone? Educators today not only must decide what to teach, but how to teach as well.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

Public health

PLAGUE

The methamphetamine epidemic has spread so rapidly that officials in Iowa and elsewhere were unprepared.

by Larry Beaty, MD

At a recent AMA meeting, a physician in Iowa's delegation struck up a conversation with a California man. When he introduced himself, he was dumfounded at the response.

"You're from Iowa? I'd hate to raise a family there," said the Californian.

The truth is California's methamphetamine problem is probably worse than any other state's. But it's also true that meth has become the drug of choice in Iowa and the Midwest. According to Drug Enforcement Agency (DEA) officials interviewed on the ABC Nightline feature "Hooked in the Heartland," Iowa has been targeted by Mexican drug lords.

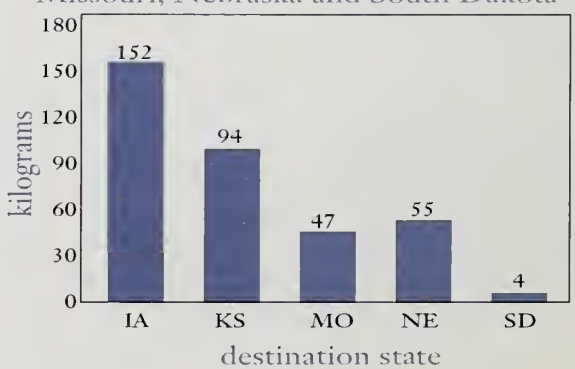
Why target Iowa? Because of the interstate system (90 percent of methamphetamine is smuggled here in cars and vans) and, because the Amezqua family was looking for a place where there were no established drug lords.

"This crisis has moved across the country like a public health plague," Dr. Alan Leshner, director of the National Institute on Drug Abuse (NIDA) told *Iowa Medicine*. "You lose."

Whatever the reasons, it's here. Increasingly, Iowa's criminal justice system, judicial system and medical community will be forced to deal with its effects. Here are just a few startling facts cited by experts:

- 85 percent of people in residential drug treatment in Iowa are hooked on methamphetamines.
- In late December, a 14-year-old Burlington girl died from an overdose of methamphetamine which was supplied by a relative.
- In eastern Iowa, a meth-addicted man rammed his vehicle into a car carrying his four children, their mother and a domestic abuse advocate.
- 90 percent of the 4,000 drug-affected babies born in

Quantity of methamphetamine destined for Iowa, Kansas, Missouri, Nebraska and South Dakota



Prepared by DPS-Intelligence Bureau

Dr. Beaty is a Des Moines family physician and chair of the IMS Committee on Public Health.

Iowa each year are victims of meth abuse. (See sidebar)

• In 1994, two meth labs were investigated in Iowa. In 1998, 216 were investigated.

SMOKE, SNORT OR INJECT

Methamphetamine is a powerful central nervous system stimulant. It was developed for use in nasal decongestants, bronchial inhalers and to treat narcolepsy and obesity. It is smoked, snorted injected or ingested orally.

About 10 percent of Iowa's methamphetamine is produced locally in what are sometimes called "Mom and Pop" or "Beavis and Butthead" labs. Methamphetamine recipes abound on the internet. An investment of a few hundred dollars can yield thousands of dollars in profit.

Meth ingredients include over-the-counter cold or asthma medications, red phosphorus, hydrochloric acid, drain cleaner, battery acid, lye, lantern fuel or antifreeze.

Meth resembles a fine powder crystal or chunks. It is off-white or yellow in color. It also known as crank, crystal, zip, chris or ice. Because ice is odorless and has colorless smoke, users can go virtually unnoticed.

USERS MOSTLY WHITE

NIDA surveyed a random sample of people seeking treatment for meth abuse. About 89 percent were white; 11 percent were African American.

According to experts, users are most likely to be high school or college students, white and blue collar workers or unemployed persons in their 20s or 30s. Users almost always get meth from friends or acquaintances.

"Meth is not sold on street corners like cocaine," says Dr. Leshner.

METH IS DIFFERENT

Methamphetamine has a dramatic effect on the brain.

"People come into emergency rooms with psychotic like behavior," Dr. Leshner explains. "Meth is different from other drugs in that it causes long-term lasting changes in brain function."

Dr. Leshner cites a recent study published in the *Journal of Neuroscience* which showed users of methamphetamine with residual effects three years after kicking the drug.

There is no antidote, meaning abusers can only be restrained until the drug wears off. Treatment is also

On the front line — in Iowa

Des Moines pediotricion Rizwon Shoh, MD recently told the *LA Times* that the pottern far drug-offected babies in Iawa has chonged. Once, she treoted drug-offected bobies born of urbon women abusing crack.

Now, she's seeing children of working closs who hoil from ploces like Jomaica — papulatian 232 — ar fram near Creston.

Dr. Shoh's appointment baak troces meth's route through Iowo. First, the children come from towns olong I-80. Now, they came in clusters fram US 30. This is becouse Mexican cartels have sent operotives to smoll cities where they con blend in with burgeoning Lotino populotions ottrocted by meatpacking jobs.

According to Dr. Shah, wha chairs Iowa's Council on Chemicolly Exposed Infonts ond Children, 4,000 drug-affected babies ore barn in Iowa each yeor. In 90 percent of the bobies, the drug is methomphetomine. The explosion of methomphetomine use hos hit Iowa so rapidly that sometimes physicions don't even recognize its symptoms in their patients.

Dr. Shoh is one of o hondful of pediatricions natianwide to study the effects of methomphetomine on children. Meth bobies show o tendency to sleep all the time. They have on oversion to being touched on the heod or feet. To meth bobies, sound, light ond textures are all extreme. They shake, their muscles can be rigid and they screom ot the sight of o ceiling fon or hands reaching for them.

Just os methomphetomine's effects lost much langer than cocoine, Dr. Shah suspects the drug's effect on bobies moy be long-losting os well.

"You think of o cocoine boby os the worst it could be," o Des Moines psychologist told the *LA Times*. "They're not."

Token from the LA Times article Meth Kids: Heartland's Trogic Tole

Now she's seeing children of working class who hail from places like Jamaica — population 232 — or near Creston.

problematic since people often need psychiatric care, too. Currently, the relapse rate is extremely high. At least half of defendants do not complete rehab.

THE FIGHT CONTINUES

As a result of the dramatic increase in meth production and use, Iowa is part of the Midwest High Intensity Drug Trafficking Area (MHIDTA) and is receiving federal funds for education and prevention efforts.

Governor Vilsack has vowed to run meth dealers out of business. The Iowa Legislature is committing money for hiring drug agents and treating more victims.

The IMS Committee on Public Health has named methamphetamines as its top priority. Methamphetamine abuse is a topic at the IMS Education Session April 16, and IMS is planning a future CME program on the topic. IMS physicians and staff will be named to a meth task force being created by the Governor's Alliance on Substance Abuse.

When "Nightline" came to Iowa last fall, some experts held out hope we can still mount effective counter-measures. Others fear our efforts are too little, too late.

"The damage done here is not repairable," said one Iowa official for the Drug Enforcement Agency.

Recognizing meth users physical effects

- **high blood pressure**
- **elevated body temperature**
- **dilated pupils**
- **rapid weight loss**
- **teeth grinding**
- **bad breath or body odor**
- **blurred vision**
- **acne, sores, dry skin**
- **rapid eye movement**
- **yellow, gray or black teeth**
- **malnutrition**

Recognizing meth users behavioral/ psychological effects

- **excessive talking/energy**
- **violence, aggression, extreme paranoia**
- **repetitive behavior**
- **auditory and visual hallucinations**
- **compulsive cleaning/grooming**
- **delusions of insects on the skin**
- **severe insomnia**

Methamphetamines — a quick Q&A

Where are meth labs found?

In Iowa and other midwest states, meth labs have been found in barns, out buildings, garages, storage facilities, apartments and motel rooms.

Why do people use it?

Athletes and students sometimes use it because it initially enhances physical and mental performance. Blue collar workers use it so they can work extra shifts. Young women use it to lose weight. It's cheaper and more accessible than cocaine and the high lasts longer.

How addictive is it?

According to Dr. Dennis Weis of the Powell Chemical Dependency Center, methamphetamine is the most addictive drug. One gram can sustain a week-long high.

What are the drug's overall effects?

The drug stimulates the central nervous system, with effects lasting four to 24 hours. Long term use changes the brain. It kills by causing heart failure, brain damage and stroke. It can also damage kidneys, lungs and livers.

How much is an overdose?

A toxic reaction can occur at relatively low levels – 50 milligrams of pure drug for non-tolerant users.

Want to learn more about metamphetamines?

Check out the National Institute of Drug Abuse web site at: www.nida.nih.gov To get help for someone, call the Crank Hotline 1-888-664-4673

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Special guest at IMS Education Session

An American Hero

Internationally-acclaimed opera star Simon Estes wants to give something back to Iowa children

A group of Iowa physicians who work with childrens' health projects were privileged last month to meet at IMS headquarters with internationally-known opera star and Centerville, Iowa native Simon Estes. Mr. Estes has become a mentor to young people through his work with South African youth choruses and through his Partners in Economic Progress. Son of a coal miner and grandson of a slave, Mr. Estes carries a message of persistence, determination and faith to young people. Mr. Estes came to the IMS to discuss the possibility of an appearance at the IMS Education Session reception Friday evening, April 16. Watch your mail for more details on this very special event!

At left, Mr. Estes is shown signing CDs for physicians and staff at the IMS.

REGISTRATION

To register by fax with credit card:

Complete this form and fax to (515) 223-8420 Attn: Becky Bales

To register by mail with check or credit card

Mail registration form with payment to: IMS/IMSA Annual Meeting 1001 Grand Avenue West Des Maines, IA 50265

Please check the correct listing to the right for each attendee, and if each will be attending the banquet.

	IMS member physician ($60)	*IMS nonmember physician ($120)*	*IMSA member ($25)*	*IMSA nonmember spouse ($35)*	*Resident ($35)*	*Student ($15)*	*Clinic manager of IMS member ($60)*	*Clinic manager of nonmember ($120)*	*Banquet ticket ($35)*
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Claim editing ABUSES

For months, Iowa physicians have been plagued by inappropriate use of claims editing software by private payers. Claims editing software is installed in claims processing systems to identify inappropriate CPT code "unbundling." Claims editing packages are generally developed by software vendors but it is the payer that decides whether to accept CPT modifiers and what rules to implement.

The IMS does not dispute an insurers' right to audit but the methods used are often inadequate, threatening and result in a great deal of paperwork for physicians. The IMS has received many complaints and below are just two examples.

- Payers have repeatedly asked for a venipuncture refund when performed on the same day as lab work. (Even Medicare pays these separately.)
- Some payers are unable to distinguish multiple E&M services performed by different physicians in a group practice on the same day claiming only one E&M is allowed per day. (Medicare also pays these separately.) It appears that even the payer sometimes recognizes the inadequacy of its claims editing software. In one example, there is an instruction sheet stating acceptable forms of documentation to appeal the audit findings. The first listed is "AMA CPT-4 policies and criteria." The IMS does not believes it is the physician's responsibility to educate payers. CPT instructions are clearly outlined in the CPT book and Medicare's audits can be purchased through many sources, including the government itself.

In March 1998, the IMS filed a complaint with the insurance commissioner. To date this complaint has only been answered by payers who continue to misinterpret coding guidelines and Medicare rules.

In a recent memo from AMA's executive vice president to state, specialty and county societies, Dr. Anderson states: "As you know, this issue is one that is of great concern to our members. The AMA takes very seriously any policies by claims editing software vendors or payers that involve a misuse of CPT codes from their intended application to the detriment of physicians and patients." Dr. Anderson then outlines a plan of action that has included letters to vendors of claims editing software and over 1,000 payer medical directors in the U.S. The IMS has responded to the AMA's request for further examples.

The IMS believes it is our obligation to inform our physician members of this increased activity and your rights. Our review to date leads us to conclude that if physicians have followed CPT guidelines in completing health insurance claims and if there is no contractual obligation between the physician and the insurer, the physician has no further obligation and should advise the insurer of this and take no further action.

If you have examples of claim editing software abuses, please contact Sheryl Nuzum at the IMS headquarters, (800) 747-3070.

The IMS believes it is our obligation to inform our physician members of this increased activity and your rights.

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Non-traditional format. All classes will be scheduled every other weekend (Friday evenings and all day Saturday) to accommodate working adults.Off-campus students will be expected to do little to no travel to Des Moines.

For more information contact the Division of Health Management at 515-271-1497; or 800-240-2767, ext. 1497; or by e-mail at cwichert@uomhs.edu.

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Y2K and your investments

Before making hasty decisions about your financial investments in the year 2000, breathe and remember you're in it for the long run.

by Jerry Foster

The last issue of the *Iowa Medicine* magazine dealt with the potential impact of Y2K for the medical profession. One concern many have had is the impact of Y2K on the stock markets and their investment portfolio.

The biggest risk we face is the response of investors to the onslaught of "media noise" as everyone throws their "expert" opinion into the hat. There are experts in both camps, some predicting a 12-24 month recession starting at the beginning of the year 2000. Others say we'll hit a few speed bumps along the way, the first two or three bumps coming in the first couple of months of the year 2000 with a half dozen or so spread out over the next 6 to 18 months.

You are left with two choices: Option 1 — Try to time the market and move all your money to cash, wait until this potential crisis blows over then time the market "perfectly" and invest at the market low. Option 2—Develop and maintain a strategy and allow the efficiencies of the markets to work with the understanding that you are still investing for the long term.

The only consideration that should change your position in this option is to review your cash flow needs from the portfolio and have adequate cash reserves to meet your needs in the event there is a problem.

I believe the reasonable plan is option 2. Know what your plan is. Develop your plan after carefully weighing all the information you receive. A lack of information will drive you to act on fear rather than prudence. If you are interested in receiving a monthly Y2K update by mail or email, call Janet or Reed at Foster Capital Management, (800) 798-1012.

> "Decisions, attitudes, concerns and even fears will be driven by the information you receive."

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

It's BASKET TIME again

This article was written by Diane Trimble, IMSA president

The silent basket auction to benefit the AMA Foundation is a popular feature of the IMS/IMSA Annual Meeting. Baskets will be displayed from Friday evening through the President's Reception on Saturday.

Baskets have a theme such as Hawkeyes, Cyclones, book lover, gourmet cook, graduation or may offer specific items like resort or golf packages.

The AMA Foundation is the new name for the American Medical Association Education and Research Foundation (AMA-ERF). It is the philanthropic arm of the AMA and has awarded over $75 million in grants for education, research and community service since 1950.

The AMA Alliance spearheads the Foundation's fundraising activities and contributed $1.3 million in 1998. Donors may designate a specific medical school and fund. The Medical Student Assistance Fund supports medical students through scholarships and loans. The Medical School Excellence Fund improves the quality of medical education through discretionary spending. And the Clinical Research Fund supports innovative pilot projects and talented young investigators. Check out the auction and other interesting events at the Annual Meeting. See you in April!

YELLOW journalism means RED faces

During the past month, we have received an embarrassing number of complaints over our color selection for some of the print in the January/February *Iowa Medicine*.

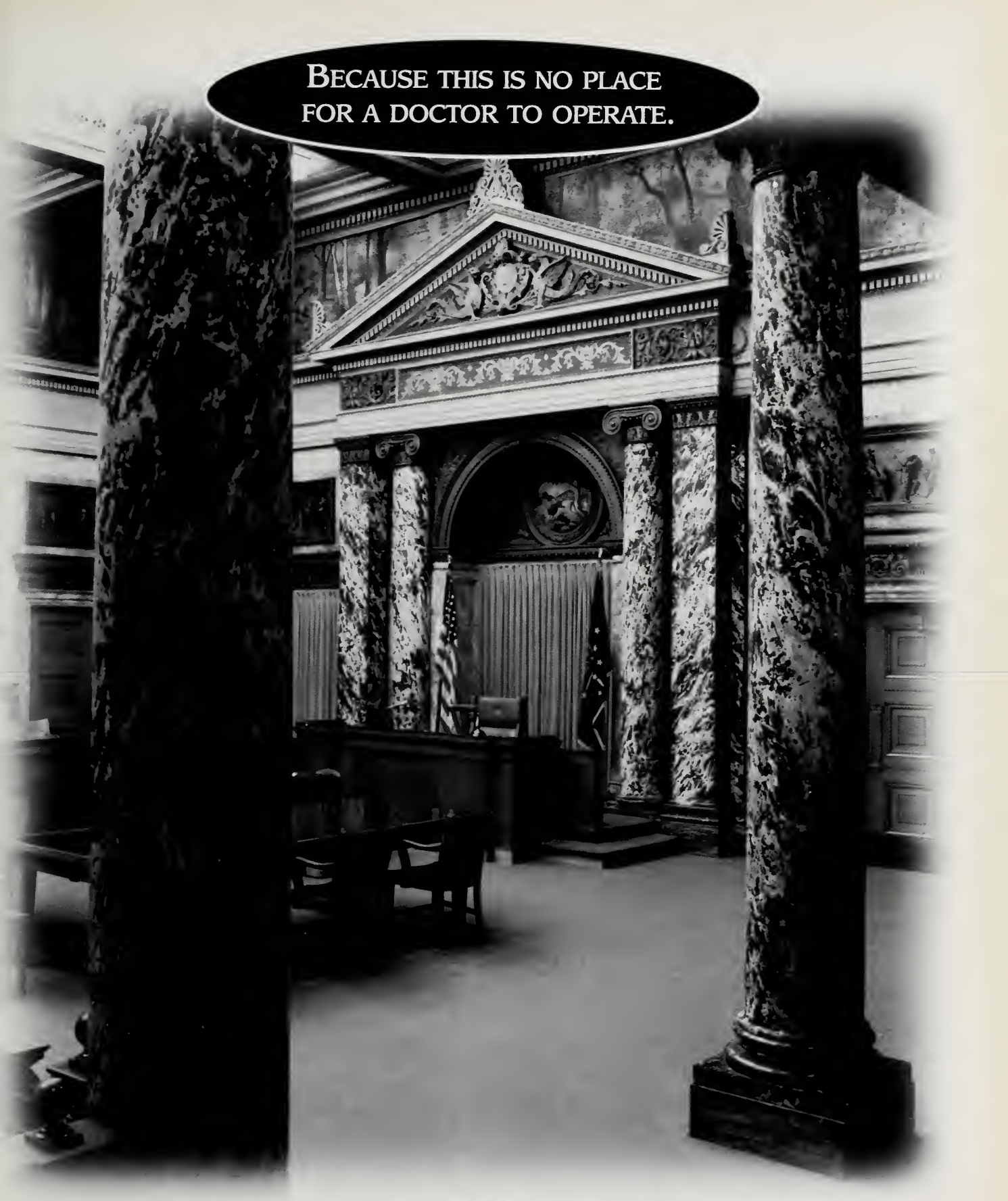
We received email messages pleading with us not to use a color that is so difficult to see. One letter advised us to "cut out the fancy stuff and just publish a journal." We've lost track of the number of verbal complaints. Some of these were conveyed to us by IMS trustees who mourned our color choice but were simultaneously impressed by the number of physicians who

apparently read *Iowa Medicine*. However, when the word "hideous" is used in connection with a magazine, the editors have much to answer for.

We are reminded of the wise words of Dr. David Fairchild of Clinton, editor of *Iowa Medicine* from 1911-1928. On the occasion of his retirement, Dr. Fairchild wrote: "Doctors are natural critics. If no criticisms had appeared, I should feel that no one read the journal."

We're very sorry. We'll never do it again.

The Editors



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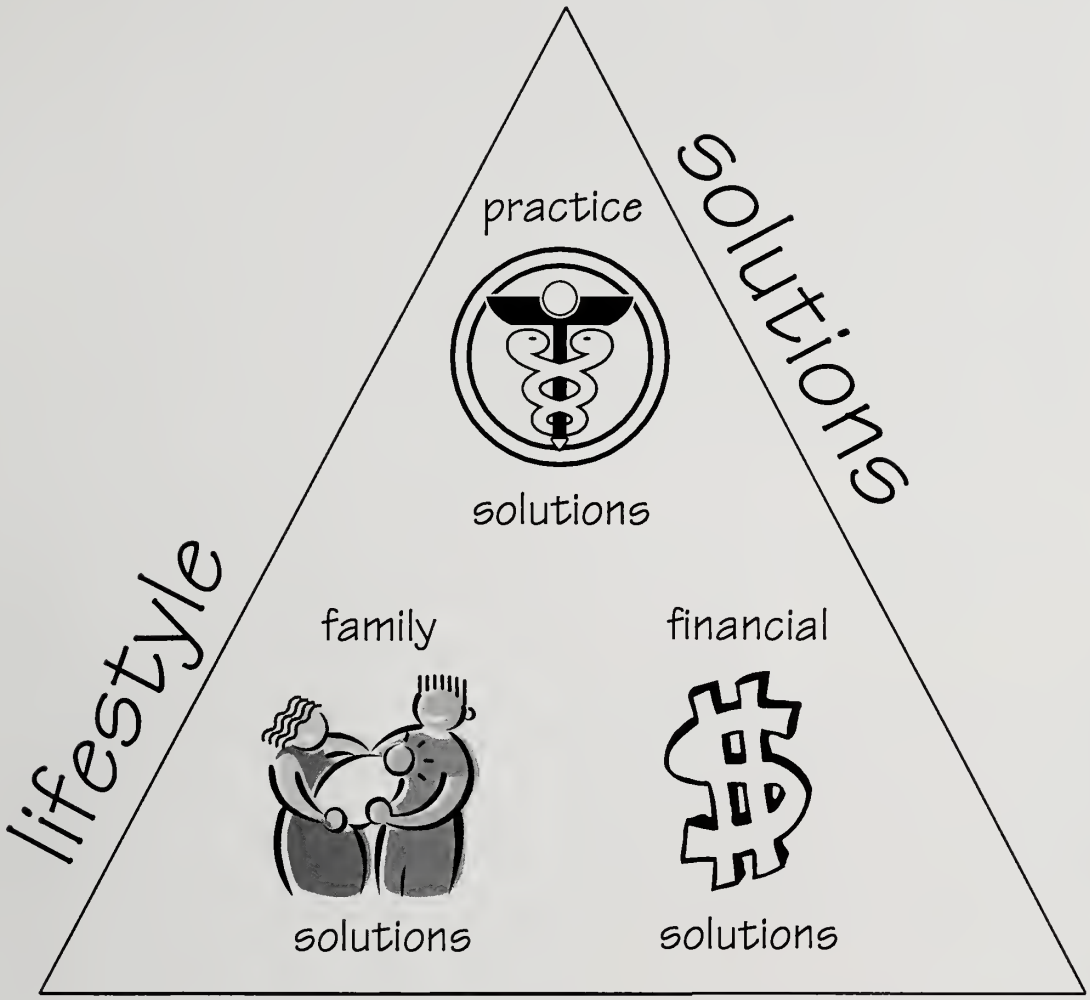

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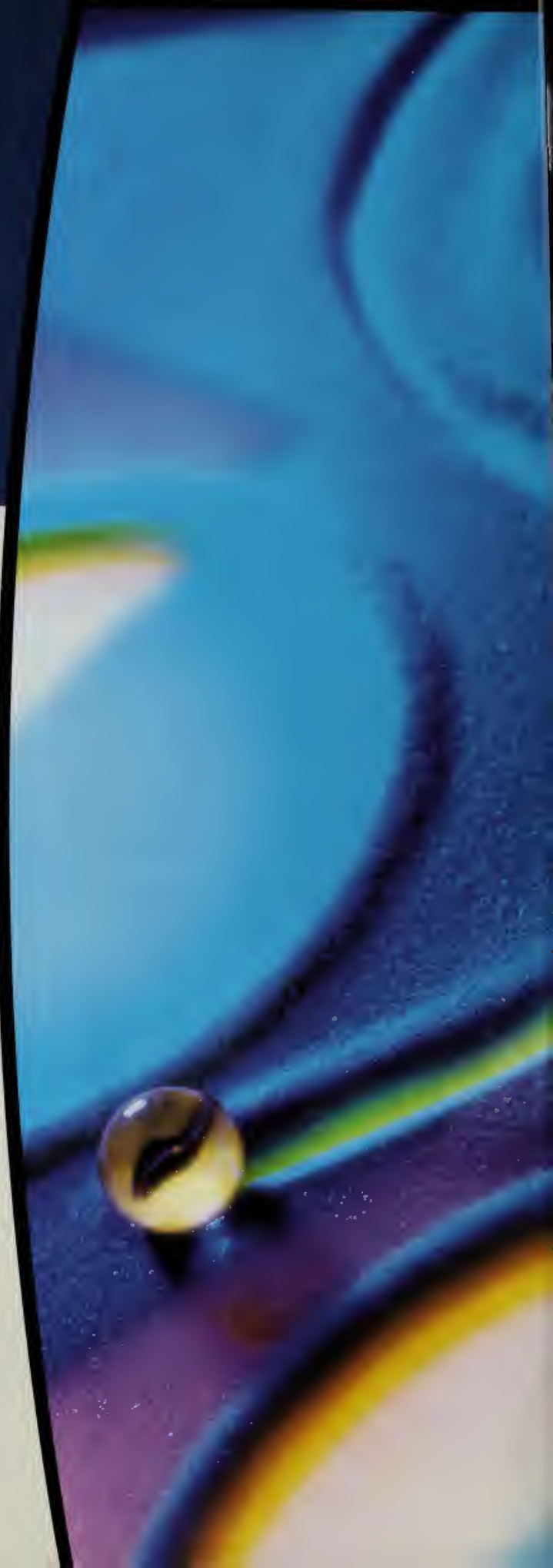

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Iowa Medicine
May / June 1999
An Iowa Medical S
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A checkerboard of issues

IMS lobbied for numerous important bills during the 1999 legislative session. Check out the final report on page 16

Lay Midwives

1999 House of Delegates resolutions page 24a

Investing in future physicians — #1 priority for new president / page 5

IMS brings together child advocates from across Iowa / page 8a

General Assembly adopts changes in HIV/AIDS statute / page 11

Is your fee schedule compliant? Check out page 21.

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IowaMedicine

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5 president comments

The new IMS president has a goal — $1000 from every Iowa physician to invest in the future of the medical profession.

8a children advocates

Did you miss the opportunity to hear Simon Estes speak at the Annual Meeting Reception? The IMS has videos available.

8b meeting recap

The 1999 IMS Annual Meeting was a hit. Check out the photo spread on pages 8b-9.

10 IMS advocate

The new IMS board will be more accessible to IMS members.

11 legalities

After intense lobbying efforts of the IMS, the HIV/AIDS statue has changed.

12 healthy iowans

It's time to raise the barn — Barn raising II: Communities building a healthy Iowa.

14 future world

RUOK4Y2K? Don't think it won't affect you!

21 your practice

Don't overlook the essential issues necessary when creating your fee schedule.

cover design by Tina Stoner (Iowa Medical Society Graphic Designer)

This month's feature:

16 *Throughout the 1999 Iowa General Assembly, the IMS lobbied for numerous bills to help physicians and their patients.*

REGULARS

5 president comments
8 changing partners
13 awards, obits
15 risk management
15 how we learn
23 your money
24 IMS Alliance news
26 professional listing
29 classified ads

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ANNUAL SPRING MEETING

SURGICAL SYMPOSIUM ON COMPLICATIONS IN SURGERY

MAY 14-15, 1999

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Northwestern University Medical School

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Tulane University Medical Center

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University of Kansas

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Emory University

TOPICS (tentative)

Treatment of Postop DVT and Pulmonary Embolism
Risk Infections in Surgical Patient 1998 and Beyond
Complications After Pancreatic Surgery
Biliary Injuries
Complications of Reflux Surgery
Postoperative Complications of Laparoscopic Surgery
Management of Acute Diverticulitis
Management of Complicated Problems - Ultrasound
Treatment of Perioperative Coagulopathy
Rational Use of Antibiotics in Surgery
Complicated Pancreatitis
Pancreatic Leak Following Whipple
Redo Antireflux Surgeries
Pitfalls in Use of Staplers in GI Surgery
Complications of Anorectal Crohn's Disease
Critical Care of Complex Problems

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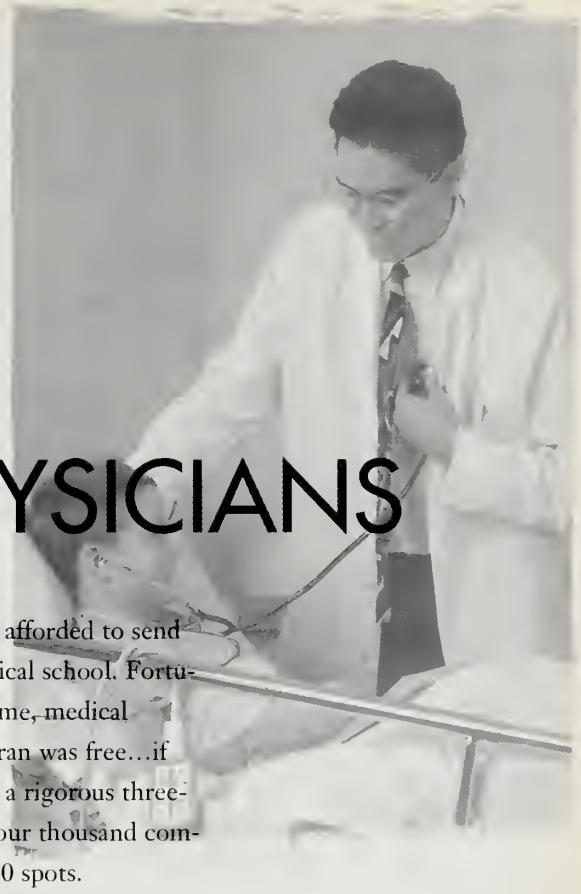

Investing in future physicians will be the top priority for the new IMS president.

by Siroos Shirazi, MD

It is with great pleasure and humility I start my duties as your president. It is hard to follow in the footsteps of John Brinkman. His advocacy for Iowa physicians and his tireless devotion is admired by members.

Physicians all over the world have concern for their patients, but only in America do we truly place the interest of our patients ahead of our own. Only in America do we spend many hours in patient education and in research, working to eradicate disease. These are the reasons we, as a profession, are still highly regarded by our patients.

Next year we are celebrating the 150th birthday of the Iowa Medical Society. My mission in the next 12 months will be to help establish a legacy that will stand for the next 150 years.

In the 1950s we established an education fund, through the efforts of Dr. George Scanlon, an Iowa City surgeon. Through this fund IMS has been able to award loans, averaging $8000 per year, to third and fourth-year students. Tuition in the 1950s was only a few hundred dollars and housing less than a hundred. Times have surely changed, and so must our funding efforts. My goal is for every physician in Iowa to give a $1000, one time, tax deductible investment in our future.

I am sure everyone is constantly asking you to donate your time and money, but I feel that physicians should help future physicians.

My motivation is based on my personal life. I grew up in Iran in a family of modest means. My father could never have afforded to send me to medical school. Fortunately, for me, medical school in Iran was free…if you passed a rigorous three-day test. Four thousand competed for 40 spots.

The results were announced in alphabetical order. When your name begins with the seventeenth letter of the Farsi alphabet, the wait seemed a lifetime. But, my life in medicine has been worth that wait. I am not calling for free medical education, but I am convinced that we physicians can ease the burden for the generations that follow us.

And I ask that it begin with you. I am a surgeon and a teacher. I love teaching. New residents come to me with ten thumbs. They leave with ten fingers. I want those highly skilled fingers put to use fixing defects, not fretting over debt loans.

Dr. Shirazi is a general surgeon at the University of Iowa Hospitals and Clinics and president of the Iowa Medical Society.

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New SURGICAL SYSTEM

An unusual system that uses three-dimensional images to guide surgical instruments was recently used to remove a tumor from an Ankeny man's brain.

The patient did well immediately following the operation at Mercy Hospital Medical Center, said Dan Miulli, DO, IMS member, one of the surgeons who performed the procedure.

The "Stealth Station" system combines images from a computed tomography X-ray machine and magnetic resonance imager (MRI) to make a computer-generated model of the brain, Miulli said. The system then tracks the instruments doctors use to enter the brain and remove tumors, repair blood vessels or perform other procedures.

A more advanced MRI machine gives surgeons real-time images of the brain as they operate, showing where the instruments are in relation to parts of the brain, Miulli said.

SEARCHING for mother-daughter physicians

Lydia Shrier, MD, MPH, Horvord/Boston Children's Hospitol ond Dione Shrier, MD, George Woshington University Medicol Center are doing o study of mother-doughter physicians.

This is an explaratary study which will focus on experiences of women physicians of different generatians, factors that facilitote/inhibit children following parents inta the some profession, etc.

Names, oddresses, phone ond fox numbers and emoil should be sent to Dr. Dione Shrier at fax (202) 965-2942 ar emoil *diane.shrier.med.64@aya.yale.edu.*

MBS graduates

Congratulotions to the following groduotes of the IMS Medicol Business Speciolist progrom: Lu Ann Essing, Linda Cahrt and Julie Kuhn.

AMA *plans for a* mediation alternative to unions for employed physicians

The American Medical Association (AMA) is considering methods to institute organized mediation between hospitals and employed physicians but has not yet released details. The AMA plans to have a model structure in place by the second quarter of this year. Employers would voluntarily recognize the plan, which would pose an alternative to forming a collective bargaining unit under the National Labor Relations Act.

changing PARTNERS

James Sexton has been named president and chief executive officer for North Iowa Mercy Health Center and Network (NIHMC), Mason City.

Rick Kellenberger, DO and **Patricia Banwart, DO** joined the NIMHC medical staff, Mason City.

James Tobin, MD joined the staff at Boone County Hospital.

David Vellinga has been named president and chief executive officer of Mercy, Des Moines.

Ann Mowery, PhD is the new executive director for the Iowa Board of Medical Examiners.

Bala Napa, MD is the new pediatric intensivist and medical director for the Pediatric Intensive Care Unit at Mercy Hospital.

Contact Tina Stoner at IMS, (515) 223-1401, (800) 747-3070 or by email at tstoner@iowamedicalsociety.org if yon have news about physician practice changes.

Internet site LISTS *practice guidelines*

A new Internet resource may help improve and standardize the quality of medical care across the country. The Internet site, *www.guideline.gov*, contains almost 300 science-based, best practice guidelines for treating ailments including heart disease, stroke, diabetes and cancer pain, as well as screening recommendations for breast cancer, hypertension and other conditions.

The web site, developed by the Agency for Health Care Practice and Research, the American Medical Association and the American Association of Health Plans, contains a standardized summary of each guideline, full text of the guidelines or links to the full text, comparisons of similar guidelines and topic-related electronic mail groups where readers can discuss implementation of these guidelines.

excerpted from Medical Tribune News Service

Make the connection for KIDS

An impressive list of people representing child advocacy groups attended the Iowa Medical Society's Education Reception April 16 at the Des Moines Marriott. Top on the agenda was a presentation by opera star and children's advocate Simon Estes. Mr. Estes is pictured with children of attendees holding a chain constructed by people attending the reception. The chain represents the numerous links of people who are responsible for the well-being of children. Mr. Estes' autobiography about his childhood in Centerville and his opera career will be available soon. A videotape copy of Simon Estes inspirational message about children is available for $20 by calling Cheri Jensen at the IMS. (The video does not include the musical portion of the program.)

Iowa Medical Society brings together child advocates from across Iowa, Simon Estes and "2 Smart 2 Smoke"

One physician said he's been attending medical society receptions for 40 years but has never seen anything like the IMS Education Session reception Friday night April 16.

The reception took place following a day of CME programming which focused on children's health issues such as binge drinking and methamphetamine affected babies. The reception began with a performance of the play "2 Smart 2 Smoke," an anti-tobacco theater production which toured Des Moines schools during the week before the IMS Annual Meeting.

Following the play, Governor Tom Vilsack introduced Simon Estes, internationally known opera star and Centerville native. Vilsack praised Mr. Estes for his efforts to improve the health and education of children throughout the world. Mr. Estes, who began his college career at the University of Iowa in pre-medicine, sang "Climb Every Mountain," "You'll Never Walk Alone" and other numbers, and then talked about what we can do — as individuals and working together — to help children thrive.

Following his performance, Mr. Estes received an achievement award from the University of Iowa College of Medicine. It was presented by Richard Nelson, MD, associate dean. He also was given a scrub shirt by Josh Rosebrook, co-president of the IMS-AMA Medical Student Section at the University of Iowa.

Note: Some physicians have told us they missed the sale of Simon Estes CDs at the IMS reception. Two CDs are available: 'Opera to Gospel' or 'On Broadway.' They are $20 each. Information on how to get a CD is available by calling Cheri Jensen at IMS, (800) 747-3070.

1999 Annual Meeting

make the Recap connection

1999 IMS/IMSA ANNUAL MEETING

Marion Alberts, MD and Elaine Berry, MD were the praud recipients of airline tickets courtesy of Travel, Inc.

Eric Hallander, MD, professor, Department af Psychiatry, Mount Sinai School of Medicine, spake about body dysmorphic disorder and absessive-compulsive disarder.

At the Annual Meeting Education Receptian, Simon Estes was honored with a plaque fram the University af Iowa College af Medicine and an IMS-AMA Student Sectian scrub shirt from the student delegatian.

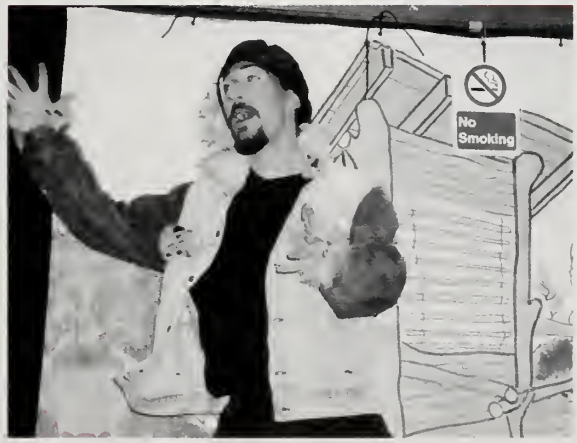
The Exhibit Hall gave Edward Hertka, MD and other physicians a chance to speak with representatives about a variety of topics from pharmaceuticals to leasing vehicles.

The 1999 Annual Meeting Educatian Receptian, Friday, April16, focused on children. R. Bruce Trimble, MD and his daughter Susan, enjoy some free time before the entertainment begins.

Physicians Leasing Company, Inc. provided a Jeep Grand Cherokee for display at the exhibit hall. During a break, Martin Sands, MD and Bryan Sands, DO discuss leasing options.

Throughout his term as IMS president, John Brinkman, MD wrote numerous letters to congressmen and the heads of health care agencies speaking out for Iowa physicians and their patients.

"2 Smart 2 Smoke," sponsored by United-Healthcare of the Midlands, Inc., provided an opportunity to go back in time and enjoy the antics of the three little pigs and the big bad wolf.

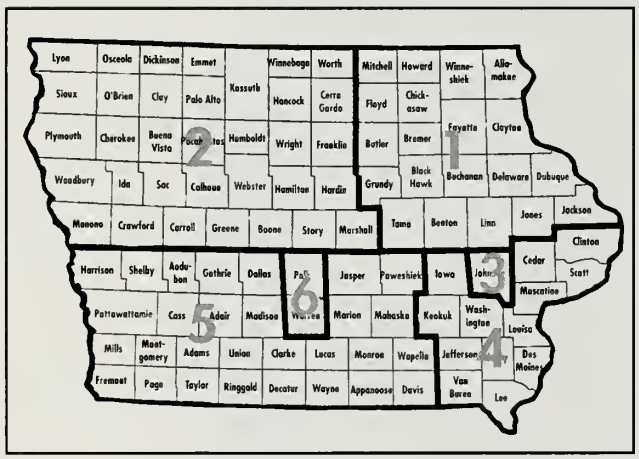


New IMS BOARD elected

The new governance structure for the Iowa Medical Society is in place following the April 18 elections of the new 17-member IMS Board of Directors.

The new Board of Directors will meet five times during the next year — in May, September, November, February and April. The new Board has the authority to consider and act on policy resolutions from members. The Board is comprised of six at-large representatives chosen to reflect demographic groups within IMS membership, six district directors, IMS officers and two ex-officio members (the IMS House speaker and the chair of the AMA delegation).

The map at left shows the six new IMS districts. Please note your district's representative to the Board.



Cassettes of Education Session

The IMS Education Session Friday, April 16 featured a number of excellent presentations. The following individual presentations are available on cassette for $10 each:

- Body dysmorphic disorder — Eric Hollander, MD
- Plastic surgery in the new millennium — Albert Cram, MD
- Unionization of medicine — William Tipton, Jr., MD
- Binge drinking on college campuses — Penny Norton
- Perinatal methamphetamine exposure — Rizwan Shah, MD
- Advance directives — Norma Hirsch, MD
- MRI use in cardiovascular disease — Michael Vannier, MD
- Caring for culturally diverse patients — Maureen McCue, MD, PhD
- Consent to treat minors — Lori Atkinson, RN
- Year 2000 impact on medicine — Kevin Lutz, CPA

To order a cassette, call Becky Bales at the IMS, (515) 223-1401 or (800) 747-3070.

Want an advocacy update via email?

A new email advocacy update is available for IMS members. To receive a weekly email update on IMS advocacy activities, email: **cmcmahon@iowamedicalsociety.org.**

We promise to keep the update BRIEF!

Iowa Medical Society Board of Directors 1999-2000

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Tom Throckmorton, MD, Spencer, House of Delegates speaker

General Assembly ADOPTS changes in HIV/AIDS statute

Physicians' legal duties have changed regarding HIV/AIDS patients.

by Jeanine Freeman, JD

In response to IMS advocacy, the 1999 General Assembly made changes to Iowa's HIV/AIDS statute. Effective July 1, 1999, Iowa Code chapter 141, passed in 1988, is repealed and a new chapter 141A adopted in its stead. Certain statutory requirements are eliminated or changed, returning the physician/patient relationship to medical ethics and practice standards.

• Elimination of current pre-test counseling requirements. Persons seeking HIV testing shall have information available about HIV testing and a way to obtain additional information about HIV infection and risk reduction. Upon confirmation of positive test results, counseling shall be conducted. Physicians should bear in mind that AMA ethics require informed consent specific for HIV testing.

• Source patient testing. If there is report of significant exposure in a health care facility, consent for testing is not legally required of the source patient. This is also true if the exposure occurs in transport to a facility. If the results are positive, the health care facility shall notify the source patient and provide testing and counseling. This recognizes the efficacy of treatment upon early detection of the presence of the antibody.

• HIV prevention, risk reduction and treatment information to pregnant women. In addition, pregnant women reporting recognized risk factors for HIV shall be strongly encouraged to undergo HIV-related testing.

• Elimination of physician notification and patient consent in the partner notification process. Physicians are permitted to provide relevant information to the Department of Public Health which then conducts partner notification in the same manner as done for other sexually transmitted diseases.

• Removal of the prohibition against disclosure of a minor's request for testing or treatment. Physicians, however, must exercise their best judgment consistent with ethical requirements in maintaining confidentiality of a minor's care.

• Other changes: elimination of accreditation requirements for labs performing HIV tests; elimination of next-of-kin consent prior to testing of a deceased person's blood upon notice of a significant exposure; clarification re: when an employer must pay for testing and counseling; coordination of confidentiality provisions and elimination of prohibition against redisclosure; and coordination of statutory immunities and remedies.

For a more detailed written analysis of the new law, contact Cheryl Peers at IMS, (515) 223-1401; (800) 747-3070.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

Barn Raising II:

Communities building a healthy Iowa

The IMS encourages all physicians and alliance members to attend the Governor's Conference "Barn Raising II: Communities building a healthy Iowa" which will provide the information, discussions and tools to enhance the quality of life in Iowa communities. IMS is a major contributing sponsor and has worked extensively with conference planners to make a program which will appeal to physicians.

Join leaders representing Iowa's 99 counties as they engage in lively discussion and debate. This conference, built around the barn raising theme, expresses Iowa's heritage of collective action to solve problems. It is organized around a basic concept — a healthy community links public, private and non-profit sectors in a shared effort to solve health issues.

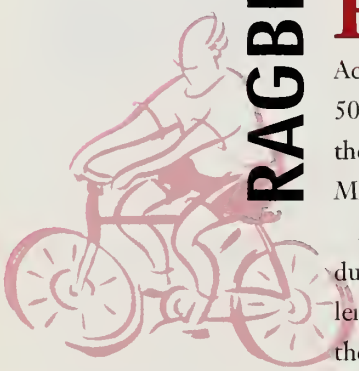
Keynote speakers include Nancy Dickey, MD, president, American Medical Association; William Anderson, DO, FACO, past president, American Osteopathic Association; Virginia Trotter Betts, JD, past president, American Nurses' Association, senior policy analyst, HHS; and Simon Estes, internationally-acclaimed bass baritone and humanitarian.

Participants will receive the 1999 Health Fact Book and have training opportunities in accessing and using county-specific health information. The Central Iowa Health System (Methodist & Lutheran/Blank Children's) designates this educational activity for a **maximum of 9.5 CME hours in category 1 credit toward the AMA Physician's Recognition Award.**

The conference will be June 3-4, 1999 at Drake University in Des Moines, Iowa. The cost is only $40 for both days.

Watch your mail for registration information! If you have questions, please contact Denise Hill at IMS (800) 747-3070.

POST CORONARY ARTERY PROCEDURES



RAGBRAI

RAGBRAI (*Register*'s Annual Great Bike Ride Across Iowa) is a weeklong, 500-mile, bicycle ride from the Missouri River to the Mississippi River.

Approximately 15 deaths due to coronary artery problems have been reported over the 25-year period.

In the information materials mailed out for the 1996 ride, an announcement was placed requesting riders who had coronary artery procedures to participate in a survey. The survey questioned family history, smoking history, alcohol use, age at which the diagnosis of coronary artery disease was made, procedure done as well as information regarding laboratory data, exercise practice prior to diagnosis, treatment and post diagnosis treatment.

For survey results and additional information, contact W.H. Verduyn, MD at (319) 234-0109.

JOIN 'family of MEDICINE' at 150th

The IMS Sesquicentennial Committee and IMS President Siroos Shirazi, MD are inviting specialty societies to join us for a Family of Medicine celebration in conjunction with the 2000 IMS Annual Meeting April 14-16 at the downtown Des Moines Marriott Hotel.

IMS members were surveyed on barriers to attending the IMS Annual Meeting and on how to improve the meeting for 2000, the IMS 150th anniversary. Nearly 400 physicians answered the survey and provided valuable feedback. Many said they would be interested if IMS could accommodate meetings of their specialty societies in conjunction with the IMS meeting.

In order to celebrate our sesquicentennial as a "family of medicine," the IMS is working on a schedule that will allow time for IMS events, specialty meetings and meetings of University of Iowa College of Medicine departments. The following schedule for the IMS Annual Meeting, April 14-16, 2000 is proposed.

If you have questions, suggestions or comments, please contact Cheri Jensen, manager of education services at the IMS (800) 747-3070 or (515) 223-1401.

Thanks to the nearly 400 physicians who answered our meeting survey! Your input is invaluable and is being shared with the IMS Program Committee.

Proposed 2000 IMS Annual Meeting Schedule

Thursday – Space available beginning at 3 p.m.
Friday morning – Space available for Specialty Education/other meetings.
Friday luncheon – Specialty Society Presidents' luncheon/roundtables
Friday afternoon – IMS Board of Directors' meeting and space available for Specialty Education/other meetings
Friday evening – IMS Reception and Awards Banquet
Saturday morning – House of Delegates and IMS Education Breakout Sessions – space available for Specialty Education or other meetings
Saturday late morning – Reference Committees
Saturday luncheon – National speaker
Saturday afternoon – General Education Session – space available for Specialty Education or other meetings
Saturday evening – Formal Sesquicentennial Dinner and Dance
Sunday morning – House of Delegates

IMS MEMBER distinctions & AWARDS

LISA BROTHERS ARBISSER, MD was elected president-elect for the American College of Eye Surgeons.

DEBORAH TURNER, MD was chosen for the Iowa Board of Regents.

A letter to the editor from **DAVID ARUNSKI, MD** was published in *AM News*.

JAMES OGGEL, MD was selected for inclusion in the fourth listing of "The Best Doctors in America."

GEORGE DRAKE, MD has been selected by the University of Iowa Department of Family Practice to participate in a U.S. Department of Education-funded program.

EDWIN STONE, MD and **WALLACE ALWARD, MD** led a team of University of Iowa ophthalmologists and vision scientists recently awarded the 1998 Lewis Rudin Glaucoma Prize.

STEPHEN GLEASON, DO was nominated by Governor Vilsack as the Director of the Department of Public Health.

THOMAS PHILLIPS, MD was named Physician of the Year at Ottumwa Regional Health Center.

DECEASED MEMBERS

GERALD WIENEKE, MD, 50, active, family practice, Emmetsburg.

JOHN UCHIYAMA, MD, 83, life, internal medicine, Des Moines, February 11, 1999.

JOHN THOMSEN, MD, 76, life, dermatology, Des Moines, December 19, 1998.

ROBERT REED, MD, 84, life, internal medicine, Des Moines, November 29, 1998.

DONALD SCHISSEL, MD, 79, life, internal medicine, Des Moines, November 27, 1998.

HENRY GURAU, MD, 88, life, opthalmology, Des Moines, November 12, 1998.

WILLARD HAYNE, MD, 92, life, family practice, Des Moines, August 22, 1998.

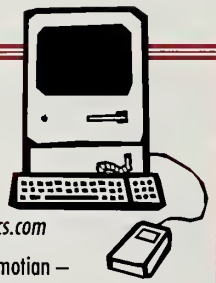
R U O K 4Y2K?

By the time you read this, January 1, 2000 will be only six months away. While many people have focused on getting their computer systems ready for Y2K, the Y2K bug affects many more types of equipment.

Be sure to contact your main suppliers to ensure they can deliver critical materials or services. For instance, verify that local pharmacies will be able to fill your prescriptions.

You should also develop contingency plans. Start by assuming that nothing will work right on January 1, and establish protocols for how your clinic will function without computers, telephones, equipment, etc.

The Small Business Administration will be able to guarantee loans up to $750,000 to repair or replace hardware and software, hire a third party consultant or provide relief for economic injury or damage from the Y2K issue if such losses are not covered by your insurance. Visit their web site for information: *sba.gov/y2k.*



There are many great web sites providing a wide range of information. Here are a few:

Heolth core reloted issues – *Rx2000.org*

Yeor 2000 tools – *hp.com/year2000/cure.html*

Simple, free PC hardware diagnostic – *rightime.com*

Government ogencies:

HCFA – *hcfa.gov/Y2k*

Food & Drug Administrotion – *fda.gov/cdrh/yr2000/year2000.html (includes manufocturers statement on compliance of bia-medical equipment)*

Federol Communicotions Commission – *fcc.gov/year2000*

President's Council on Y2K – *y2k.gov*

Generol Services Administrotion *itpolicy.gso.gov/mks/yr2000/y2khome.htm*

Contingency plons for heolth & sofety – *millennio-bcs.com*

On-line mogozine for lotest infarmotion – *y2kjaurnal.com*

Electronic Doto Interchonge – *hcfa.gov/medicare/edi/edi.htm*

Biomedicol equipment & engineering – *is.ufl.edu/bowb015h.htm*

Blue Cross ond Blue Shield of North Dokoto– *bcbsnd.com/medweb*

The American Medical Associotion has o greot web site specificolly for physicion offices. Their web address is *ama-assn.org/not-mo/y2k/index.htm.*

The following is a partial list of things you should test and/or fix prior to December 31

- √ Answering machines
- √ Bank debit/credit card expiration dates
- √ Banking interface/electronic fund transfers
- √ Bio-medical equipment
- √ Building access cards
- √ Claim forms
- √ Clocks
- √ Computer hardware
- √ Computer software
- √ Computer custom software applications
- √ Diagnostic equipment
- √ Elevators
- √ Fire alarm
- √ Indoor lighting, including emergency lights
- √ Insurance/pharmacy coverage dates
- √ Outdoor lighting
- √ Pharmaceutical supplies
- √ Physician referral forms
- √ Smoke alarm
- √ Telephone system
- √ Television
- √ Therapeutic/treatment/monitoring equipment
- √ VCR equipment
- √ Sprinkler system
- √ Treatment equipment
- √ Safety vaults

Malpractice risks in CYPERSPACE

Telemedicine can be described as combining traditional medical care with telecommunication to deliver health care globally.

The most frequent allegation made against physicians — failure to diagnose — could occur with telemedicine. For example, transmitted images may not reproduce accurately and could affect the physician's ability to diagnose a patient.

RISK MANAGEMENT TIP 1

- Understand technology.
- Document each telemedicine encounter thoroughly.

Distance and the impersonal technological aspect of telemedicine may create opportunities for communication breakdowns between the patient, referring physician and the teleconsultant. For example, if follow-up care is not clearly established, the patient could "fall through the cracks" and both physicians could be sued.

RISK MANAGEMENT TIP 2

- Ensure telemedicine is appropriate for the situation.
- Clarify responsibility between providers to follow up with the patient.

Communicating with patients via Internet or email also poses risks. You may invite liability when posting information or when communicating in a chat room or via email.

RISK MANAGEMENT TIP 3

- Include an appropriate disclaimer on your web site that it is your intent to provide information and education, not medical treatment advice. Update information regularly.
- Establish clinic policies regarding the use of email communication with and about patients. A copy of all email involving or written to patients should be placed in the medical record.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

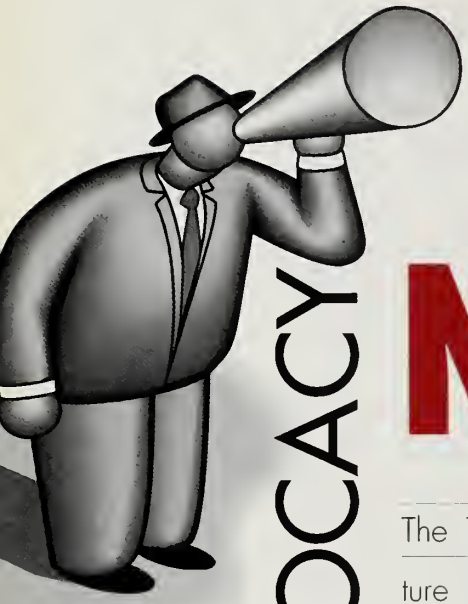
TIME of beginnings

Spring commencement is a time of beginnings. So it is for approximately 16,500 graduates of America's medical schools this year. Soon the vast majority of these newly minted MDs will enter residency training, a further step in completing a life's ambition.

At the just concluded "Match Day," I was struck once again by the unbridled enthusiasm of these young people and their spouses, friends and parents. The graduates are about the business of patient care, oblivious (for the time being) to HCFA and other realities of future practice. Those realities will come into focus over future years. Now the priority is to commence training to become functional and fully qualified physicians.

The profession once again renews itself.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.



Effective ADVOCACY NEVER ENDS

The 1999 Iowa Legislature is barely over, but IMS is already preparing for next year.

by Jeanine Freeman, JD

The IMS was at the forefront of many legislative debates and wrought important changes for physicians and their patients before the 1999 Iowa General Assembly. Never, however, does effective advocacy end and IMS is already preparing for the year 2000 session.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society.

Patient protection in managed care

The 1998 House of Delegates called for legislative action, and IMS pursued its advocacy strategy to assure protections in law. IMS introduced its own bill, but lawmakers favored a coalition approach which IMS was active in developing. Senate File 276 was vigorously debated and passed by wide margins in both the House and Senate. The Governor has signed the bill. Key provisions include

- Continuity of care for pregnant women.
- Prohibition against gag clauses re: treatment options and participation in grievance processes.
- Prudent layperson standard for emergency care.
- Continuity of care for terminal illness or related condition.
- Mandated health plan compliance with URAC or NCQA requirements.
- Mandated procedures for evaluating coverage of experimental medical treatments.
- Independent external review of health plan denials based on medical necessity.
- Mandated disclosure of information re: the health plan to subscribers.

The provisions of SF 276 include most health plans. The external review provisions become effective January, 2000; other provisions go into effect July 1. IMS will participate in the implementation process.

Medicaid reimbursement

This issue was debated on two fronts: 1) increased dollars for physician reimbursement and 2) RBRVS as a methodology for Medicaid payment. IMS advocated for $6 million in state funds (to be matched by federal dollars) to bring Medicaid physician payment up to Medicare levels.

IMS supports RBRVS but argued RBRVS implementation should not occur absent Medicaid payment at the Medicare level.

The legislature approved a two percent physician increase for fiscal year 1999-2000 but also authorized a task force to study Medicaid payments, including options for implementing RBRVS.

Pharmaceutical care pilot study

Appropriations language authorizes a three-year Medicaid disease-specific pilot study on pharmaceutical case management of Medicaid patients at high risk for med-

ication problems. Study monies would be used to equally reimburse the physician and pharmacist members of each study team. University of Iowa colleges of medicine and pharmacy will conduct the study.

IMS opposed appropriations language to reimburse pharmacists for pharmaceutical care. It was defeated.

HAWK-I

IMS supported funding of the HAWK-I state children's health insurance program at 200 percent of the federal poverty level. The Human Services appropriations bill, House File 760, increases the appropriation amount for HAWK-I over last fiscal year's amount but funds the program at 185 percent.

The Governor, who supports funding at 200 percent, has threatened an item veto; lawmakers are holding the bill until the end of the session, thereby giving the Governor a choice of vetoing the bill and calling the General Assembly back into session or approving it as written. Republicans argued that further development of the HAWK-I program should occur before more dollars are appropriated.

HF 760 contains positive language for HAWK-I: any state dollars appropriated but not spent by HAWK-I this fiscal year will not revert to the general fund but will remain with HAWK-I. A HAWK-I trust fund was established for carry-over dollars, grants and other funds received by the program. The legislature directed the HAWK-I Board to conduct a feasibility study on extending HAWK-I coverage to eligible family members.

DHS is directed to study continuous 12 month eligibility for Medicaid-eligible children and to disregard family resources in determining children's eligibility.

HIV/AIDS

IMS, at the direction of the 1998 House of Delegates, drafted and introduced a significant rewrite of Iowa's HIV/AIDS statute. Senate File 248 passed both chambers and is waiting for the Governor's signature. *(See article on page 11.)*

State Medical Examiner (ME)

The 1998 House of Delegates also called upon IMS to gain state support for the State ME office. Iowa has not been able to successfully recruit a new State ME largely because of infrastructure concerns — inadequate funding, facility and personnel support.

IMS supports the recommendations of the National Association of Medical Examiners including transfer of jurisdiction over the State ME away from the Department of Public Safety. IMS, along with the NAME report, supported independent placement of the office, but the governor did not. IMS then supported the NAME report's second choice — placement in the Department of Public Health (DPH).

IMS also supported increased funding to allow for the hiring of a deputy medical examiner. The legislature has approved and the Governor supports both measures; the Health Department is preparing its search for the state and deputy medical examiners.

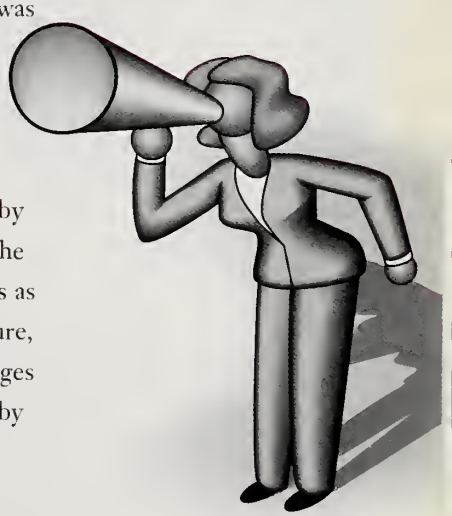
Diabetes education reimbursement

IMS generally opposes mandated benefits but supported this legislative initiative based on preventative health benefits and long-term cost savings regarding] effective education on management of diabetes. Senate File 8, amended to reflect IMS position on assuring a physician-directed benefit paralleling the Medicare benefit, was signed by the Governor.

Hospital clinical privileges for ARNPs and PAs

Senate File 277, passed by legislature and signed by the Governor, directs hospitals as a condition of state licensure, to not deny clinical privileges to ARNPs and PAs solely by reason of their license or education. This provision does not address medical staff membership or admitting privileges.

IMS opposed appropriations language to reimburse pharmacists for pharmaceutical care. It was defeated.



And what *lies* on the HORIZON

When IMS ends a legislative session, it is preparing for the next. Issues for IMS in the year 2000 include

IMS is already preparing for next year's legislative session.

Certificate of Need

IMS, as directed by the 1998 House of Delegates, supports repeal of Iowa's certificate of need (CON) law. Senate Study Bill 1074, an IMS bill, calls for repeal of CON; as expected, SSB 1074 did not come out of committee this year. Current law requires the Department of Public Health to study CON and report to the legislature in January, 2000.

Physician medical review officers

IMS explored several avenues to amend Iowa's current employee drug testing law to assure that only licensed MDs and DOs serve as medical review officers. Iowa law currently authorizes physician assistants, advanced registered nurse practitioners and chiropractors to also serve as MROs.

Lay midwifery

IMS adamantly opposed legislation introduced this year to certify the practice of lay midwifery. Legislators referred the issue to the Department of Health Scope of Practice Review Committee. Certified nurse midwives have requested a change in the Iowa Medicaid rules to remove existing requirements that patients receiving care by a nurse midwife also see a physician twice during their pregnancy and to specifically allow for home deliveries. IMS mailed a survey to obstetricians, pediatricians and family physicians seeking input.

Professional licensure by compact

The Iowa nursing profession seeks Iowa approval for multi-state compact licensure, allowing nurses licensed in another compact state to practice in Iowa without an Iowa license. Legislators continue their review in preparation for debate on the nursing compact in the 2000 session.

Public health issues

IMS pursued several public health issues: bicycle helmets for children; lowering Iowa's current BAC (blood alcohol content) of .10 to .08; and how to spend Iowa's share of the tobacco settlement monies. These will be likely issues of legislative debate in the year 2000.

Mental health parity

Legislation was introduced requiring third-party payment for clinical disorders related to mental health, particularly biological brain diseases, on the same basis as payment for other health or medical disorders. The 1999 IMS House of Delegates directed IMS to give high priority to this issue in 2000.

Reporting of spontaneous terminations of pregnancy

This year IMS successfully negotiated amendment language with the Department of Public Health (DPH) to alleviate physician burdens in reporting spontaneous terminations of pregnancy but the legislature, once again, did not take this issue up. IMS will continue to work with DPH.

Off-label drug use

Legislation establishing criteria to be used by third-party payors in evaluating payment for off-label uses of FDA-approved drugs was introduced but not debated.

Needles regulation

Legislation was introduced to regulate needle use, including needle prevention technology such as needleless systems. Instead, lawmakers approved a study through IOSHA, in coordination with the Health Department. A report is due December 15, 1999.

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ANTITRUST ISSUES

Price-fixing in health care is a major area of concern. The penalties can be severe, including not more than three years in prison and a fine of not more than $350,000 (up to $10 million for a corporation) and possible licensure revocation.

Physicians must avoid agreements with competitors regarding

- maximum prices to charge
- range of prices to charge
- copayment amounts
- restrictions to grant discounts
- prohibitions to participate in a health plan unless it increases reimbursement
- coercion plans to increase reimbursement from a payor
- use of a single agent to negotiate prices

MEDICARE ISSUES

Some physician practices have two fee schedules for Medicare and non-Medicare patients. Generally, physician practices have two fee schedules if the physicians do not participate with Medicare and are subject to the limiting charge.

From HCFA's perspective, establishing two fee schedules is acceptable provided the Medicare fees, on a code-by-code basis, are equal to or less than those fees charged to non-Medicare patients. This position is reflective of Section 1128(b)(6) of the Social Security Act. This section states that any individual or entity that has submitted bills containing charges for items or services furnished substantially in excess of the individual's usual charges for the items or services may be in violation. Establishment of one fee schedule reduces the potential for violation.

Another old, but often overlooked, Medicare rule is the immediate relative exclusion. Medicare does not pay if the services are provided to an immediate relative or a member of that relative's household. Immediate relative means:

- husband or wife
- natural or adoptive parent, child or sibling
- stepparent, stepchild, stepbrother or stepsister
- father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law
- grandparent or grandchild
- spouse of grandparent or grandchild

This exclusion applies to physician services and "incident to" services rendered by an individual physician or physician member of a professional corporation.

According to a special fraud alert issued by the Office of Inspector General, dated February 1, 1993, routine waiver of deductibles and copayments by "charge-based" providers is unlawful because it results in false claims, violations of the anti-kickback statue and excessive utilization of items and services paid for by Medicare.

Professional/courtesy discounts are also discouraged due to Stark and anti-kickback statutes.

INSURANCE CONTRACTING CONSIDERATIONS

In addition to Medicare considerations, many insurance plans have restrictions on charges. Physicians should consult individual payer contracts for specific charge prohibitions.

Another old, but often overlooked, Medicare rule is the immediate relative exclusion.

This article was extracted from a presentation given by Dennis Grindle, a partner in health care consulting with Seim, Johnson, Sestak & Quist in Omaha, Nebraska for the Iowa Medical Society.

exhibit A:

Adhesive bandage, which plaintiff alleges defendant pulled rapidly from skin, violently tearing three hairs from plaintiff's arm, which resulted in severe shock, trauma, disfigurement, chronic debilitating pain and permanent psychological damage.

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LONG TERM care insurance WHO NEEDS IT?

When planning your financial independence, don't forget one important question...

by Jerry Foster

What happens if you or your spouse end up in a nursing home? The statistics speak loudly on the importance of dealing with this possibility: a 65-year-old American has a 43 percent chance of staying in a nursing home in his/her lifetime. With annual nursing home costs running from $30,000 to more than $80,000, it is imperative that you at least understand the potential impact and how to protect yourself from this potential catastrophe.

According to many experts, purchasing long-term care insurance is a safeguard to spending down assets. However, this type of coverage is not for everyone. If you have limited financial assets, the policies are too expensive. If you have accumulated substantial assets, your portfolio may be sufficient to handle long-term care costs. However, the premium you pay over many years may be less than one year of expenses in a facility. The decision to purchase and what to look for in coverage should be made after several questions have been answered.

1. ARE YOU GOING TO RELY ON FAMILY OR FRIENDS?

This is important, because the fact is, families are becoming more mobile and spread out, which makes caretaking difficult. Even if it is possible, your family may not have the necessary skills or financial ability.

2. DO YOU WANT IT TO COVER THE ENTIRE COST OR IS IT INTENDED TO BE A CO-INSURANCE TYPE PLAN THAT WILL LESSEN THE TOTAL IMPACT ON YOUR FINANCIAL SITUATION?

If you want insurance to cover all costs, it is important that you look for coverage that has an inflation protector. Ask if it pays for all levels of care. Another important decision should be made regarding how the premiums and benefits will be treated for tax purposes. Different policies have different features.

3. WHAT CRITERIA IS REQUIRED FOR ELIGIBLE BENEFITS?

This is an important decision that can affect your financial destiny. Step carefully through the maze of information. Decide wisely according to your specific objectives.

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

reimbursement

MEDICAID reimbursement top priority

Three consistent messages have emerged from the 1999 Iowa Legislature regarding physician Medicaid reimbursement: a minor fee increase; a commitment to study all provider reimbursement; and a Governor who states that health care issues will be a priority for his office in 2000.

The Council on Human Services, Governor Vilsack and House File 760 (the Human Services budget) all recommend a two percent increase for physician services. While grossly inadequate after a decade of neglect, it is a step in the right direction. House File 760 also recommends the establishment of a task force to review provider reimbursement methodologies and distribution in 1999. The IMS will aggressively advocate for a Resource Based Relative Value System (RBRVS) methodology funded at Medicare rates. This position requires a commitment of approximately $6 million (bringing in a $12 million federal match) for physician reimbursement.

Medicaid physician reimbursement remains a legislative priority for the IMS.

IMS alliance

IMSA focuses on MEMBERSHIP

This article was written by Diane Trimble, IMSA president

This is the time to reflect on my year as IMSA president. With membership as a focus, the Alliance worked to schedule meetings that accommodated members with careers and families. Recruiting and retaining members continues to be a challenge. Last September, the IMSA held its first Jump Start program, which brought state and national Alliance resources to members. It provided program information to county officers and committees and was a good membership tool.

Another membership issue was changing district boundaries to match those adopted by the IMS. Having the same districts will allow use of a common database. This is particularly important in identifying and contacting prospective members.

I felt fortunate to become the first Alliance member to serve on the IMS Program Committee. It is hoped that the programming and joint activities will increase Annual Meeting attendance for both the IMSA and IMS.

I have attended a number of county, state and national meetings. I have come away from these experiences impressed by all of the Alliance's accomplishments, warmed by many friendships and filled with many wonderful memories.

PHYSICIANS honored with DOCTORS' DAY DONATION to AMA Foundation

IMSA members donoted $1,640 to AMA Faundatian in hanar af physicians on Doctors' Doy. The AMA Foundotian provides grants ta medical schaals far student finoncial aid ond ta fund student research. Seventeen individuals and ane haspital auxiliary made donatians. Following are the nomes of those physicions honored by individuals ond a contributing hospital:

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Eugene D. Fass, MD
Philip Habak, MD
Paul R. Halzwarth, MD
James Kimball, MD
Joe Kimball, DO
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William Maxson, MD
Nick Messamer, MD
Teresa Olsen, MD
Grant Paulsen, MD
Danald Schenk, MD
R. Bruce Trimble, MD
Peter Szeibel, MD
Danald C. Young, MD

A memariol donatian was given far Robert H. Foss, MD

A danation was alsa given in hanar of the Marshalltawn Medical & Surgicol Center and Auxiliary.

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Nick Messamer, MD
Teresa Olsen, MD
Grant Paulsen, MD
Donald Schenk, MD
R. Bruce Trimble, MD
Peter Szeibel, MD
Donald C. Young, MD

A memorial donation was given for Robert H. Fass, MD

A do give Mars & Su Auxil

1999 Resolutions from the IMS House of Delegates

99-1 Resolved that the Iowa Medical Society continue to support and advocate for Senate File 248 and that section of the bill that allows HIV testing of a source patient under the principle of implied consent.

99-2 Resolved that the Board of Directors study amending the Bylaws to remove term limits from the office of AMA delegate and report back in one year to the House of Delegates as required in the Bylaws.

99-3 re: Ex-officio membership on IMS Board of Directors for AMA Delegates
Resolution was NOT ADOPTED.

99-4 Resolved that the Iowa Medical Society encourage suppliers of laser pointers to refrain from knowingly selling them to children under the age of 14 and, further, that the Iowa Medical Society recommend that appropriate signage be posted at the point of sale indicating that laser pointers can cause ocular damage and advising users to refrain from looking directly at the beam.

99-5 Resolved that our IMS work with the state legislature and the governor to ensure that money received from the tobacco settlement augment funding for tobacco cessation and prevention programs, especially in children and, further, that IMS support efforts to use the balance of the tobacco settlement money not directed to specific tobacco control activities for augmenting Medicaid reimbursement.

99-6 Resolved that the Board of Directors review the current discount structure for individual physicians, examine alternative discount mechanisms and report back in one year to the House of Delegates.

99-7 Resolved that the IMS request Wellmark disclose for calendar years 1995-98 their UCR methodology and actual fees for the top 50 procedure codes by volume and top 50 procedure codes by dollars;
Resolved that the IMS request Wellmark demonstrate the reasonableness of no significant physician reimbursement increases during the past ten years at which time premiums to the insureds of the State of Iowa significantly increased.

99-8 Resolved that the IMS Board of Directors pursue with the Iowa Insurance Commissioner direct third party payment to the physician when the physician has submitted the claim.

99-9 Resolved that physicians who participate in health plans should maintain awareness of plan decisions regarding drug selection by pharmacy and therapeutics (P&T) committees. P&T committee members should include independent physician representatives;
Resolved that physicians should be particularly vigilant to ensure that formulary decisions adequately reflect the needs of individual patients. Mechanisms to appeal formulary exclusions should be established. And further, pharmacy cost-containment mechanisms should not unduly burden physicians or patients in accessing optimal drug therapy;
Resolved that patients must be fully educated to understand methods used by their health plans to limit prescription drug costs. During patient enrollment in the health plan, the health plan must disclose the existence of formularies and its effect on the prescription benefit.

99-10 Resolved that the Iowa Medical Society urge the governor and legislature to recognize and follow the highest aspirations of the report issued by the National Association of Medical Examiners review team in order to attract forensic pathologists and associated professional staff and to provide facilities, infrastructure, and necessary funds to assure quality forensic services in this state and, further, that the IMS continue to give the highest priority to implementation of the NAME recommendations.

99-11 Resolved that if the Iowa legislature does not pass Senate File 8, the Iowa Medical Society continue its advocacy on behalf of this bill in the 2000 session of the General Assembly.

99-12 Resolved that the Iowa Medical Society House of Delegates posthumously recognize the great work done by Michael E. Abrams, MD, in his efforts to assist in the war against substance abuse, especially alcohol and methamphetamine, and to treat all patients with dignity. In addition, this recognition will be appropriately conveyed to his family and the public.

99-13 Resolved that the Iowa Medical Society support efforts in fighting the war against the manufacture, distribution, and use of methamphetamine drugs in Iowa, particularly public health efforts in the areas of education and treatment.

99-14 re: notification to representative groups was TABLED until 2000.

99-15 Resolved that the IMS Board of Directors, in collaboration with other interested parties, support the exploration of methods to greatly increase organ donation, including the "presumed consent" modality of organ donation.

99-16 Resolved that IMS continue its support for assuring that health plans are legally accountable for negligent medical necessity decisions made by them that cause harm to patients and, further, that the IMS Board of Directors continue to study legislation, regulation, and case law to assess and select the most effective strategies for assuring that patients are legally able to hold health plans accountable for their negligent decisions.

99-17 Resolved that the Iowa Medical Society support medical insurance coverage of smoking cessation medications and programs.

99-18 Resolved that the IMS Board of Directors continue to pursue voluntary processes that would streamline the credentialing and re-credentialing of physicians by hospital medical staffs and insurance companies.

99-19 Resolved that the IMS Board of Directors request that Wellmark consider representation from actively practicing Iowa physicians on its board.

99-20 Resolved that the IMS create a resource list of available publications that compare drug costs.

99-21 Resolved that the legal and ethical implications of all products clauses in insurance contracts and similar types of universal contracting mechanisms be studied by the IMS Board of Directors. Further, that the study include the legal and ethical implications of the broad language included in insurance contracts, which allows significant unilateral changes to be made by insurers (as evidenced by Wellmark's switch to RBRVS payment schedules).

99-22 Resolved that the Board of Directors, its Executive Vice President and staff refine the process to keep membership informed of action in progress, current status and the outcome of each resolution passed by the House of Delegates.

99-23 Resolved that the membership express its sincere appreciation and gratitude to the Board of Trustees, its executive vice president and staff for their efforts in the passage of Senate File 276.

99-24 Resolved that the Iowa Medical Society Board of Directors and its executive vice president and staff establish a mechanism to assist physicians and their patients in utilizing Senate File 276 and to monitor the implementation and outcome of the law.

99-25 Resolved that the Iowa Medical Society's Board of Directors direct the executive vice president and the committee on legislation to give the issue of mental health parity high priority status for the year 2000.

99-26 Resolved that the Board of Directors monitor the ability of the new governance structure to provide adequate representation to all IMS members.

99-27 Resolved that the IMS circulate the AMA Board of Trustees' collective negotiation recommendations when they become available and conduct a membership survey regarding these recommendations to assist our AMA delegation in formulating the Iowa response to these recommendations.

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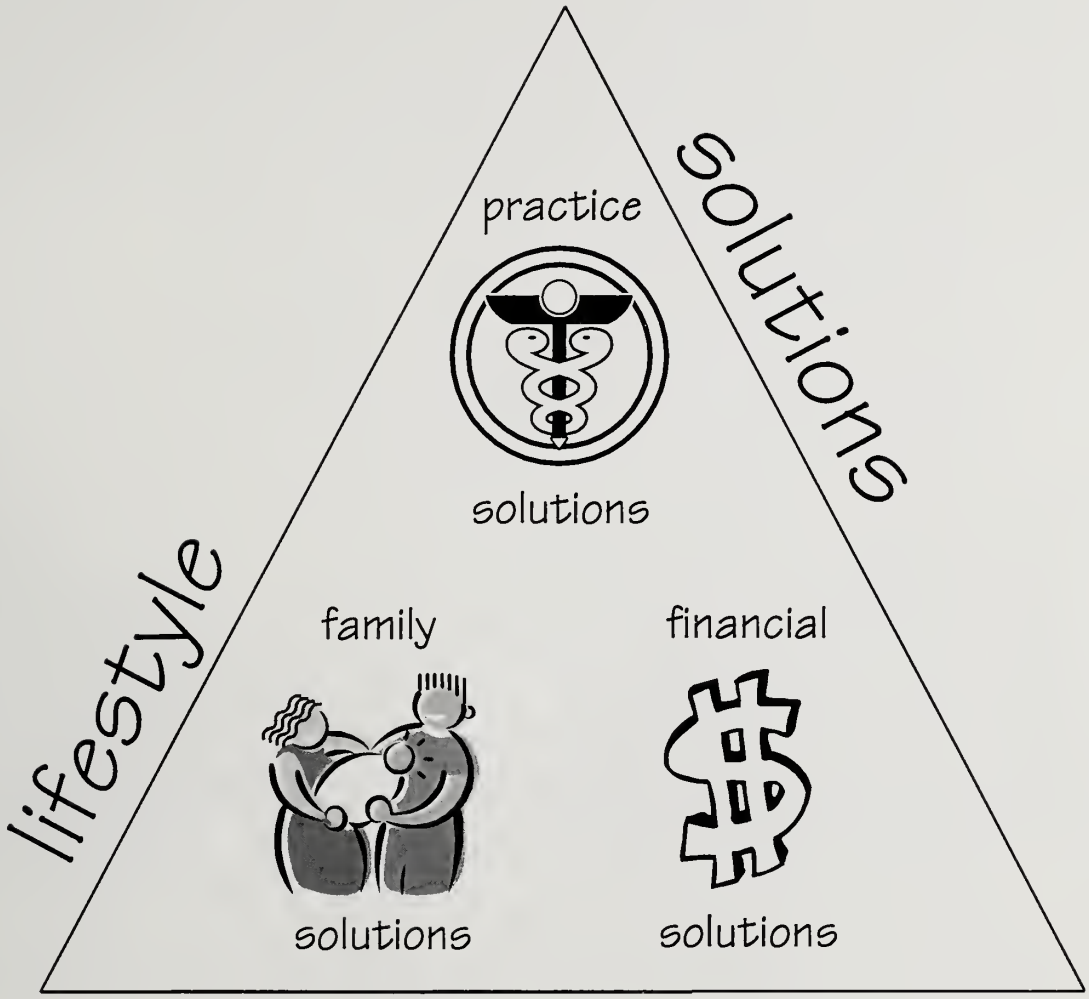

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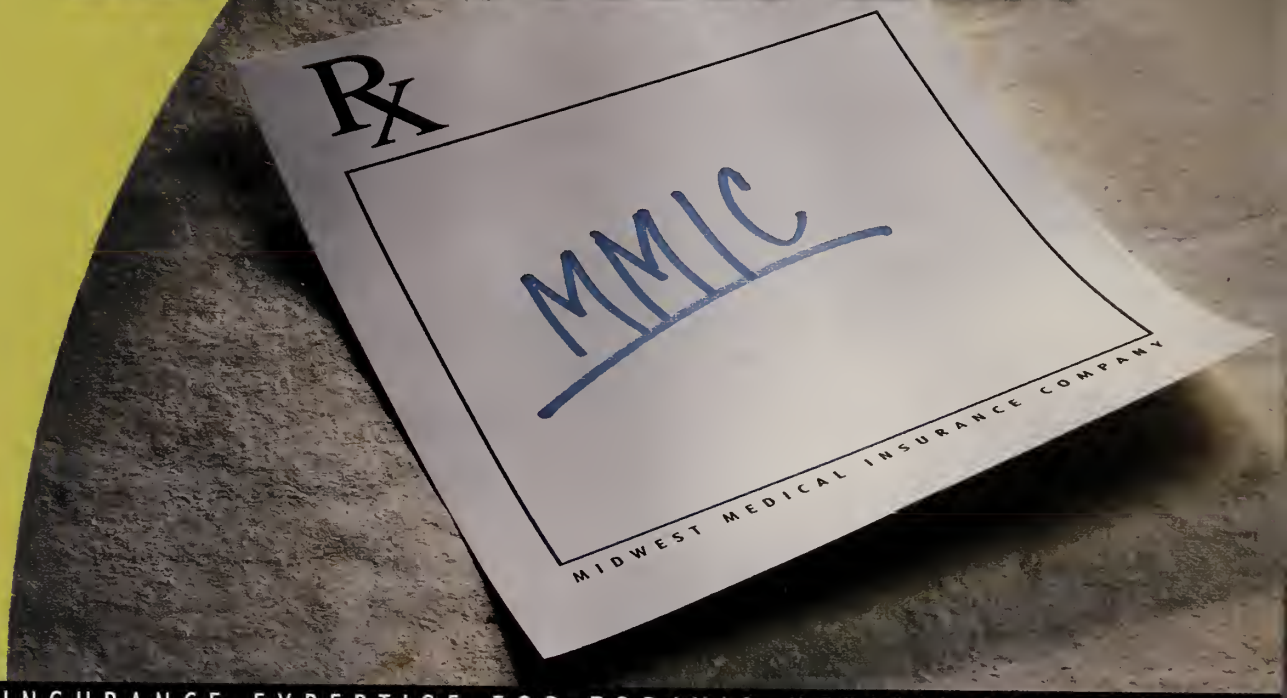

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Medical students work to increase organ donors

"We can make a difference."
— page 16

No more paper and pencils for USMLE / page 14

Choosing a specialty, residency will be topic for students / page 9

Is it good medicine? IMS, AMA ask in newspaper ads / page 10

Spider bite leads to research project for UI med student / page 12

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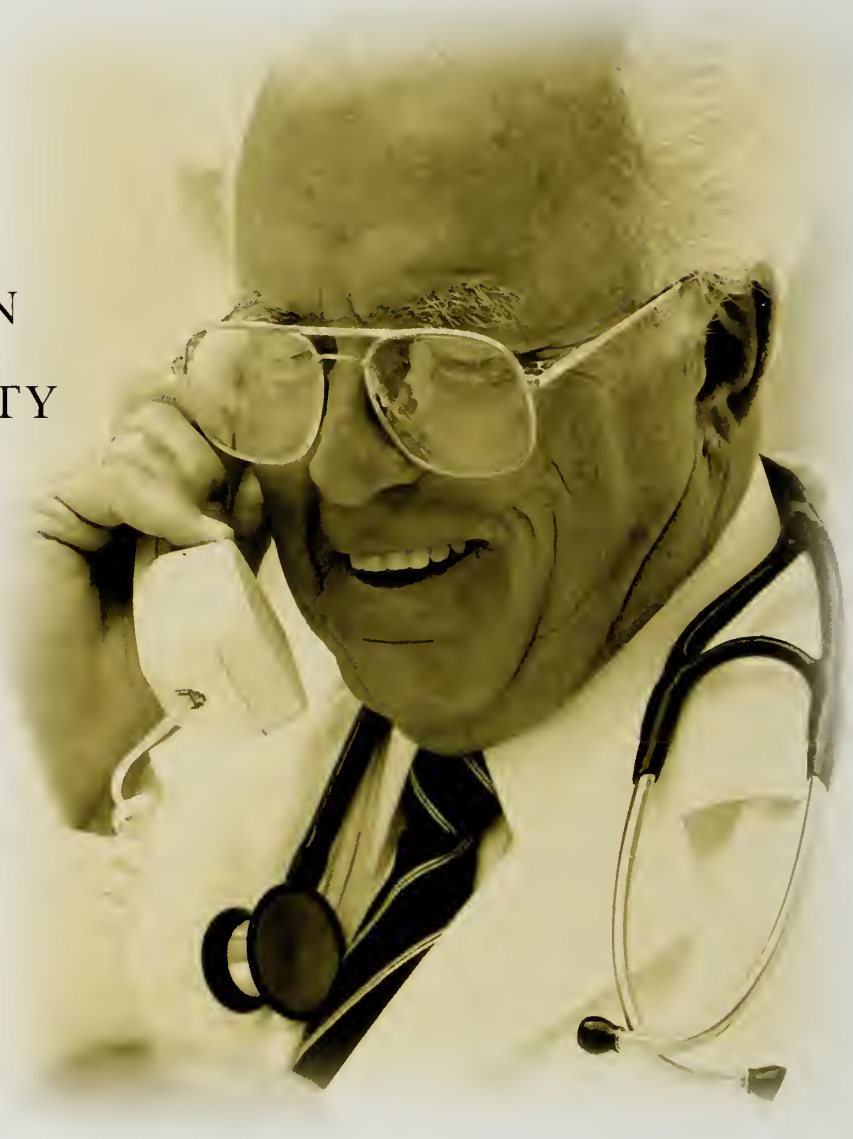

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Iowa Medicine

Published by the Iowa Medical Society

July/August 1999 Vol. 89/4

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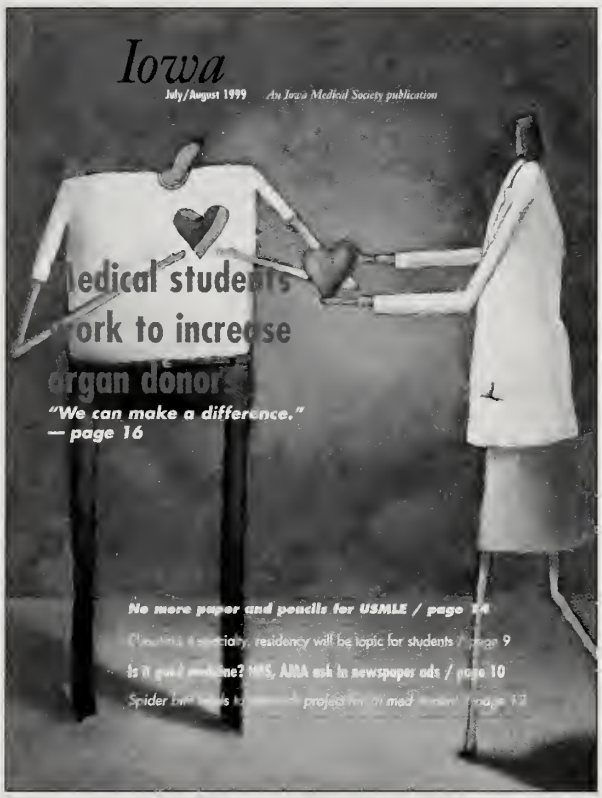

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CHARTING our *future* COURSE

We must overcome our resistance to change.

by Robert Kelch, MD

The exchange of ideas and ability to change course is essential for success and improvement. This undertaking is crucial to successfully adapt and learn from our changing environments. For example, I enjoy sailing, an activity which requires patience, skill and determination. It is not unusual for even the best-charted course to be full of challenges and change. It is how we react to change that determines how successfully we arrive at our destination.

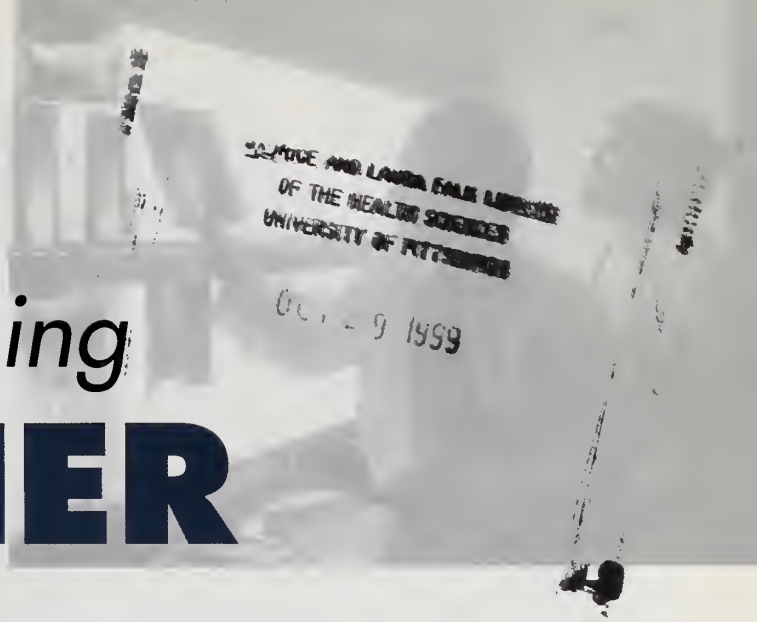
University of Iowa College of Medicine students continue to demonstrate success due to their learning from one another. For the second year in a row, 100 percent of the students taking Step One of the United States Medical Licensure Examination passed, performing above average in all subtopics. This is the first year the College is graduating students who completed all four years in the revised curriculum. These recent graduates matched very successfully: 86 percent of the class placed in their top three programs, all of which are very well regarded.

Certainly our outstanding faculty contribute to our students' success. Many of the faculty are also proving Iowa is an extraordinary place for biomedical research. In the March issue of the *New England Journal of Medicine*, a study reported per capita contributions to biomedical scientific literature by state. Iowa is literally front and center, ranking in the top five. The College is proud of its major contribution to this ranking. It is our goal to move into the top 10 (we were ranked 11 for NIH funding for FY98) of public medical schools in the near future.

This goal will be aided by changes to the physical environment of the campus including renovations of existing research facilities and the construction of our Medical Education and Biomedical Research Facility (MEBRF). MEBRF will provide a home to pre-clinical students, facilitating cross-class learning and mentoring. Its research areas represent a 20 percent growth in the College's total laboratory space.

To return to my example, the most difficult aspect of sailing is the need for quick change. Medicine insists on the willingness to change. We must overcome our resistance to change and not let it become our biggest weakness. Working together, we will continue to prove that Iowa medicine is among the best in the nation.

Dr. Kelch is dean of the University of Iowa College of Medicine.



Learning & teaching TOGETHER

It is refreshing to see students volunteer their limited leisure or sleeping time.

by Siroos Shirazi, MD

We are so fortunate to live in a part of the world where students and professors learn from each other. This unique relationship helped me decide that, during my presidency, I want to help solve the problem of insufficient funding in our education account.

After the briefest mention of my plans to one of our student delegates, he volunteered to help. It is so refreshing to see medical students, swamped with all the course materials we put before them, volunteer their sleeping or limited leisure time to help spread the word about our dwindling IMS Education Fund.

A WEEKLY PLEASURE

Each day often brings excitement to my life, but one particular event I thoroughly enjoy is construction of the new medical education building.

I make a point to pass by it at least once a week to follow the progress. Looking at this site gives me double pleasure, because it means medical students will finally have a place of their own to relax, learn, contemplate, discuss or none of the above.

The other pleasure is knowing many of you have contributed financially to make this building a reality. This means we care about the new generation of physicians. I hope this new generation of physicians will remember your generosity and belong to our society.

A SPECIAL PHYSICIAN

I had the opportunity to attend a dedication ceremony where an orthopaedic clinic was named in honor of Reginald Cooper, MD. Dr. Cooper will step down as the head of orthopaedic surgery this coming July.

Although I won't make it a habit to write about dedication ceremonies, I must note that Reg Cooper is a special physician who has been a member of the Johnson County Medical Society, the Iowa Medical Society and the AMA as long as I can remember.

As the department chairman, he encouraged his faculty to become members as well. His department has a 100 percent membership rating. He recruited and maintained a first-rate faculty. He leaves Joseph Buckwalter, MD very big shoes to fill. Reg, we will miss you.

Dr. Shirazi is a general surgeon at the University of Iowa Hospitals and Clinics and president of the Iowa Medical Society.

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**Student interest will determine the sites developed for program delivery. MHA program not available in Davenport.*

Non-traditional format. All classes will be scheduled every other weekend (Friday evenings and all day Saturday) to accommodate working adults.Off-campus students will be expected to do little to no travel to Des Moines.

For more information contact the Division of Health Management at 515-271-1497; or 800-240-2767, ext. 1497; or by e-mail at cwichert@uomhs.edu.

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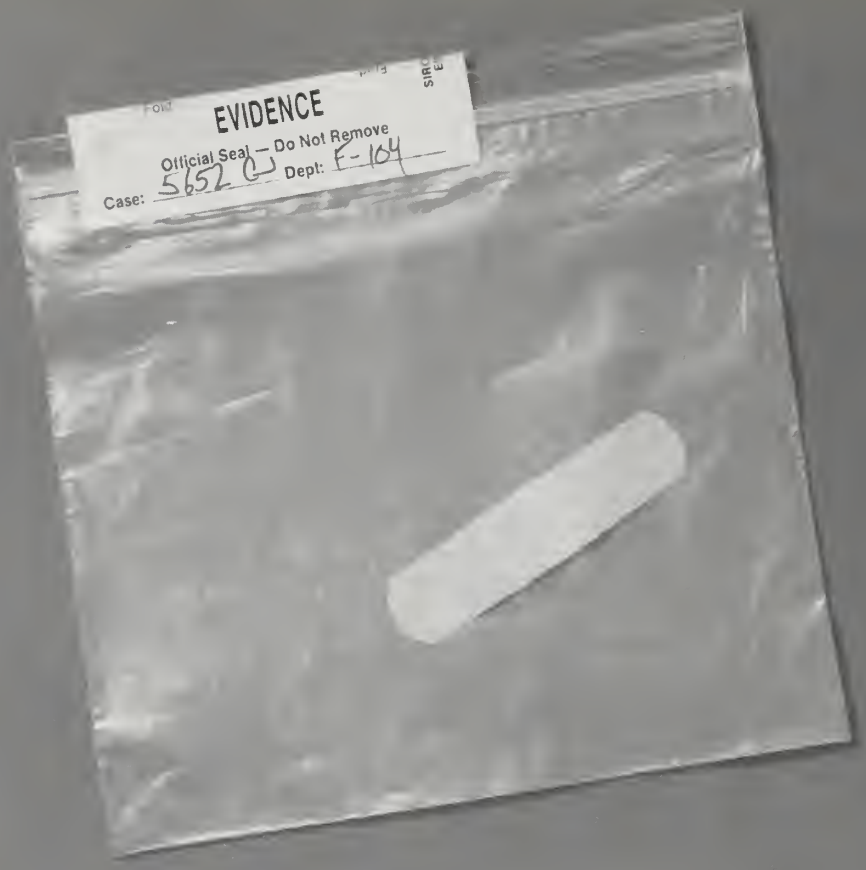

exhibit A:

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Choosing a **SPECIALTY** or **RESIDENCY**

Choosing a residency and choosing a specialty will be the focus of an interactive panel discussion during the Iowa Medical Society's second annual Retreat for Women Physicians Friday and Saturday, October 15-16 at the West Des Moines Marriott.

This panel discussion was planned especially for women medical students from the University of Iowa and University of Osteopathic Medicine and Health Sciences attending the retreat.

"For women physicians, the specialty you choose has a profound effect on your professional and personal lives," said Kathryn Opheim, MD, chair of the retreat program committee.

Participating in the discussion will be Carol Scott-Conner, MD, UI Department of Surgery; Adelaide Gurwell, MD, UI Department of Family Medicine; Wendy Hansen, MD, UI Department of Obstetrics and Gynecology; Lois Geist, MD, UI Department of Internal Medicine; and Catherine Truesdell, DO, Integra Health.

The theme of this year's IMS Retreat for Women Physicians is "Anatomy of a Spirit." Watch your mail for program details.

MBS graduates

Congratulations to Erlene Johnson and Tracy Arbogast, who recently graduated from the IMS Medical Business Specialist program.

Medical students plan

PRIMARY CARE WEEK

The nation's medical schools are not turning out enough primary care physicians, says the American Medical Student Association (AMSA), the nation's largest, independent medical student organization.

The AMSA believes the shortage has contributed to the problem of America's 43 million uninsured citizens and exacerbated a crisis in the delivery of quality care to underserved communities. In response, AMSA recently announced plans for the 1999 National Primary Care Week. AMSA will develop and lead the week-long program to be held at nearly every medical school in the country during the week of September 27 to October 1, 1999.

The focus of AMSA's National Primary Care Week (NPCW) will be the promotion of primary care as an important and legitimate specialty for health profession students to consider as they complete their training.

UI students participate in Match Day

University of Iowa fourth-year medical students recently learned where they will go after graduation to begin their residencies as part of "Match Day," an annual event held at medical colleges nationwide. Fifty-nine percent of the graduation class of 162 students matched with residency programs in primary care specialties — family medicine, internal medicine, pediatrics and obstetrics and gynecology. In addition 56 of this year's Iowa medical graduates, compared to 47 in last year's class, will remain in the state for at least one year of post-graduate training at hospitals, including the University of Iowa Hospitals and Clinics.

LAY MIDWIVES Physicians HAVE CONCERNS

When the question is certification of lay midwives, Iowa physicians aren't hesitant about expressing their concerns. The IMS surveyed approximately 1,000 family physicians, obstetricians and pediatricians and received 228 responses. Ten physicians said they support certification of lay midwives; 218 physicians oppose it. IMS legislative staff will use the survey results to prepare for the 2000 Iowa Legislature, which will see renewed attempts by direct-entry lay midwives to be certified by the state.

PHYSICIANS' comments

"I hove hod direct contoct with complicotions to o pregnoncy directly coused by inappropriote core of on in-home midwife who refused to sign records or ollow her name to be told to me."

"A personol friend of my wife's hod o home delivery by o non-medicol loy midwife. She hod whot sounded to be o shoulder dystocio. My friend wos, in my opinion, in reol donger, os wos the boby."

"There is too much ot stoke to ossure o delivery will olwoys go well ond not hove the troining to hondle complicotions."

"None of the midwives in our community ore copoble of resuscitoting o boby ot home; they don't hove the equipment."

"The hord port of obstetrics is not the delivery, but proper oppreciotion of risk ond timely response."

"I connot occept this proctice being implemented without o humon cost – limited in number but profound in severity."

"There is no woy the some level of core con be provided for unexpected emergencies. By the time potients get to o center for oppropriote core, the mother or boby's heolth will be compromised."

"Deoling with complicotions would not be foir to our emergency medicol systems."

"Obstetrics is risky enough with proper troining. Ninety percent of bobies con deliver themselves but you don't know who the 10 percent ore."

"Would we outhorize loy broin surgeons?"

Is it GOOD MEDICINE?

'The worst way to dig up Medicare fraud is with a bulldozer.'

This was the eye-catching headline on an ad placed in the *Des Moines Register* and the *Cedar Rapids Gazette* by the Iowa Medical Society and the American Medical Association. The ad coincided with a June 1 Iowa visit by Nancy Dickey, MD, AMA president. Dr. Dickey, an excellent spokesperson for her profession, gave the keynote address at the Barn-raising for Public Health in Des Moines. Her focus was America's uninsured and the government's misguided fraud and abuse programs.

The Iowa ad was part of a campaign launched by the AMA in several states in partnership with state medical societies. The theme of the campaign is 'Is it Good Medicine?'

Dr. Dickey and IMS President Siroos Shirazi, MD participated in an editorial board meeting at the *Cedar Rapids Gazette*. The *Gazette* later ran a story on the AMA's efforts to pass a patient protection bill in Congress and the successful IMS effort in the Iowa Legislature. The *Gazette* also published an editorial by Dr. Shirazi on the theme of 'Is it Good Medicine?'

PATIENT DUMPING LAW: PHYSICIANS BEWARE: The BITE is bitter

Patient dumping law complaints increased dramatically in recent years.

by Jeanine Freeman, JD

The Emergency Medical Treatment and Active Labor Act of 1986, amended in 1989, was enacted by Congress to guard against patient dumping in hospital emergency rooms. Known as COBRA, EMTALA, PADS or the "patient dumping law," complaints filed under the law have dramatically increased and government enforcement through the OIG is aggressive. And, where once only hospitals were the target, physicians are now being sanctioned.

The basic requirements of the law include: 1) appropriate medical screening for ***all*** persons coming to the emergency room; 2) necessary stabilizing treatment for emergencies; 3) transfer only if stable or the patient requests or a physician certifies that transfer benefits outweigh the risks; and 4) prohibited initial inquiry about insurance or ability to pay. Embedded within these simply-stated requirements are a plethora of unresolved issues. The regulators take a broad, literal approach and accept complaints at face value. Hospitals and physicians bear a heavy burden of proof and, in the end, usually settle to be done with the case.

The medical community recently celebrated a well-deserved victory when a federal court threw out a $100,000 fine levied by the OIG against a surgeon who transferred two critically-injured accident victims from a small rural hospital. The surgeon believed they were stable and needed to be in another facility; eight experts agreed. The court chastised the government for second-guessing physicians who must make critical on-the-spot medical decisions.

Another note of encouragement is an OIG/HCFA review currently underway on the regulatory reach of EMTALA; the American College of Emergency Room Physicians is being consulted. While major changes are not likely, this review could lead to a better enforcement balance.

What should physicians do? Be familiar with the law. Ask questions. Provide a medical screening to all patients coming to the ER. Communicate with the patient to receive and give information. Insist on forms that are clear and concise. Complete all documentation. Comply with ER and specialty on-call protocol. Communicate with receiving facilities. And, as always, remain focused on patient care.

Enforcement facts

Fines:
1986-96: Hospitals fined $1.5 million
1997-April 1999: 108 hospitals/physicians fined $3.4 million
Iowa fines (Informal report): From $4,000 to $43,000; 1 physician fined $22,500

Complaints: (Usually from patients/families or receiving hospitals required to report inappropriate transfers)
1993: 21% of complaints led to citations
1994: 33% of complaints led to citations
1995: 38% of complaints led to citations
1996: 50% of complaints led to citations
1997: 50% of complaints led to citations

Current Investigations:
Nationwide (OIG report): 140 cases representing 490 violations
OIG litigating 2 hospital and 4 physician cases
Iowa (Informal report): several pending, 5 initiated in May 1999
Areas of high sensitivity: medical screenings for OB and psych

Penalties

Hospitals:
Under 100 Beds: Up to $25,000 per violation
100+ Beds: Up to $50,000 per violation

Physicians: Up to $50,000 per violation

Hospitals and Physicians:
Medicare/Medicaid Program Exclusion
Defense Against Exclusion: Corrective Action Program

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

Working together to IMPROVE the lives of IOWANS

The 1999 Iowa Legislature approved a $1.1 million appropriation and 16 full-time employees (FTEs) for the University of Iowa Public Health Initiative. Beginning this fall, we will enroll the first cohort of students seeking the master of public health degree. The University of Iowa is the first school in the state to offer the MPH to physicians, nurses, dentists, pharmacists and other health care professionals. We will also offer a certificate in public health.

Our emphasis is to serve the needs of Iowa. As the health care environment changes, so do the needs of Iowans, especially those in rural areas. In the years ahead, we need to be positioned to address public health problems unique to Iowa: a healthy start for Iowa children, a burgeoning elderly population, water and air quality, health of rural Iowans and a growing minority population.

The Public Health Initiative is a partnership between the University of Iowa, Iowa State University, University of Northern Iowa, Iowa Department of Public Health, county health departments and health care practitioners throughout Iowa.

This column was written by Robert Kelch, MD, dean of the University of Iowa College of Medicine.

Are Iowa physicians READY FOR THE *black widow* SPIDER?

In 1995, University of Iowa medical student Mark Milleman got out of a hot tub in Phoenix and was bitten by a black widow spider. Within two hours, he was in the ER with cramping muscles and difficulty breathing. He was treated and released, but he experienced symptoms for two more weeks. This experience led him to a research project. Following are excerpts from his paper.

El Nino was a catch phrase for enrivonmental changes that occurred throughout 1997 and 1998. Due to these changes, many of the anthropod populations, i.e. mosquito, blackfly and various agricultural pests were not naturally destroyed over the winter.

Another indigenous and potentially deadly anthropod that benefited from El Nino was the black widow spider.

The spiders primarily inhabit undisturbed areas that provide protection from the elements and the winter weather.

Iowa family practice physicians were surveyed in 1997 regarding their interaction with black widow bite victims. Of the 215 family practice physicians surveyed, 83 replied with the following results:

- 6% had treated black widow envenomation
- 54% knew the antivenin existed
- 60% would have gotten part of the treatment protocol correct
- 29% recognized presenting symptoms
- 60% understood the demographics of the spider
- 65% knew the spider was indigenous to Iowa

Even though Iowa physicians may be inexperienced with black widow spider envenomations, they are only slightly behind the norm.

Editor's note: For a copy of Mark's paper, call Becky Bales at the IMS (800) 747-3070.

Mark Milleman is an M4 at the University of Iowa. He completed this study while working on his BS in entomology at Cornell University. Mark is the son of Leo Milleman, MD, an Ames urologist and member of the IMS Board of Directors.

IMS survey: 41% SURF THE NET

The Iowa Medical Society surveyed Iowa physicians to find out how they get information. The following results are from the 279 surveys returned.

1) Name three professional journals you read regularly.
Specialty society journals prevail among individual specialties. *JAMA, NEJM* and *Annuals of Internal Medicine* are journals cammanly read by mast specialties.

2) What resources do you turn to first for clinical information?
63% Resaurce baaks
49% Specialty saciety jaurnals
20% Internet
10% Other (Medline, CD-ROM, calleagues, CME)

3) What resources do you turn to first for practice-related information that is not clinical?
53% Specialty saciety
40% Clinic ar practice administratars
21% Iawa Medical Saciety
9% Other (*Medical Ecanamics*, partners, internet)

4) Do you usually read the *IMS Advocate*?
76% Yes
24% Na

5) Do you usually read *Iowa Medicine*?
81% Yes
19% Na

6) Do you surf the net at your office or clinic?
41% Yes
59% Na

7) Do you use email to communicate at work?
45% Yes
55% Na

Congratulations to Dr. John Ghrist!

He won a half price IMS membership from the survey return drawing.

ON THE ROAD

New IMS staffer will be

Rich Hotchkiss joined the IMS staff os member autreach coordinotor in May. His duties include troveling around Iowo to meet with physicions ond clinic managers and to listen to their generol concerns ond shore informotion obout IMS activities.

Rich groduoted from Clork College in Dubuque with o BA in business ond accounting. He received a masters in business administrotion from the University of Northern Iowa. He wos recently employed by Gillette Company.

To contact Rich obout visiting your affice ar clinic, email him ot rhotchkiss@iowomedicalsociety.org or call (800) 747-3070.

IMS MEMBER distinctions & AWARDS

DEAN BUNTING, MD received the 1999 Volunteer Clinical Faculty Award from the Alpha Omega Alpha Honor Society, Alpha of Iowa Chapter, University of Iowa College of Medicine.

ROBERT SAVEREIDE, MD received an award for his outstanding contributions to the Iowa Donor Network.

STUART WEINSTEIN, MD received an award for distinguished achievement in orthopaedic research at the American Orthopaedic Association Annual Meeting.

JOSEPH BUCKWALTER, MD was named head of the Department of Orthopaedic Surgery at the University of Iowa College of Medicine.

ROBERT ROBINSON, MD was awarded the prestigious annual American Psychiatric Association Award for research.

JOHN FIESELMANN, MD was elected as governor of the Iowa Chapter, American College of Physicians, American Society of Internal Medicine.

JOHN CALLAGHAN, MD, RICHARD JOHNSTON, MD and **DOUGLAS PEDERSEN, MD** received the Charnley Hip Society Award for preeminent hip research.

ROSCOE MORTON, MD participated in a national meeting called by the American Society of Clinical Oncology in June for physician CAC members.

DECEASED MEMBERS

MONROE ALLISON MD, 89, life, family practice, Northwood, February 4, 1999

JAMES AGNEW MD, 86, life, general surgeon, Bettendorf, April 11, 1999

GERALD WIENEKE MD, 51, active, family practice, Emmetsburg, March 3, 1999

FREDERICK LOHR, MD, 78, emeritus, family practice, Sioux City, March 4, 1999

WILLIAM FINN MD, 62, active, family practice, Cedar Rapids, May 14, 1999

PAPER & PENCILS things of the PAST?

When the United States Medical Licensing Examination (USMLE) was established, each step was administered twice annually in a two-day, paper and pencil format. Beginning in 1999, the three steps of the USMLE will be changed from a paper and pencil test to computer-based testing (CBT).

Steps 1 and 2 will each be a one-day multiple-choice-question (MCQ) exam. Step 3 is expected to be a two-day examination, including MCQs and computer-based case simulations.

Sylvan Prometric, a division of Sylvan Learning Systems, will provide scheduling and test centers for the computer-based USMLE at their Sylvan Technology Centers. The new CBT allows individuals to schedule their test year-round at a variety of locations and reschedule if necessary.

USMLE STEP 1

The USMLE Step 1 exam assesses an examinee's ability to apply the knowledge and understanding of key basic biomedical sciences concepts with an emphasis on principles and mechanisms of health, disease and modes of therapy. The inclusion of Step 1 in the USMLE sequence is intended to ensure mastery of the basic medical sciences and the scientific principles required for lifelong learning.

If you are registered to take a computer-based USMLE Step 1 or 2 and have received your scheduling permit, practice sessions are available at Sylvan Technology Centers. The sessions are 3.5 hours and will be April 12–May 14 and July 16–Dec. 30. The fee is payable directly to Sylvan.

If you have questions or would like to schedule a practice session, call the Sylvan National Registration Center at (800) 967-1100.

This article was written by John Harman, M3 at the University of Iowa College of Medicine.

UICM TO establish LEARNING COMMUNITIES

The need for a centralized space for medical education and more effective management of student affairs and curriculum through a community structure led college leaders to develop the concept of learning communities at the University of Iowa College of Medicine. College leaders designed 'pods' to house four medical student learning communities within the new Medical Education and Biomedical Research Facility. Each 'pod' will include small group rooms, patient examination rooms, study areas, offices, lockers, etc.

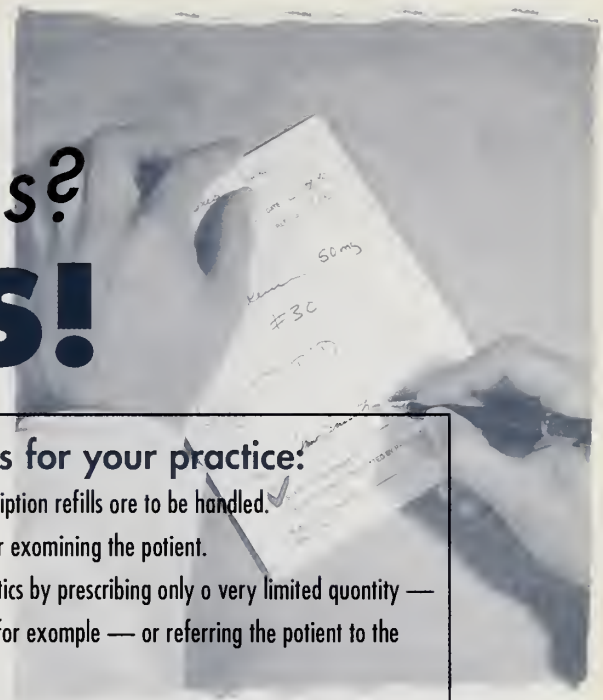
Each learning community, recently dubbed 'CELLS' for 'Communities for Excellence, Learning and Leadership for Society,' will consist of an equal number of M1s, M2s, M3s and M4s and be supported by a faculty director, faculty mentors and advisers, a coordinator and a secretary.

The goal is to provide the setting, programming and support that will facilitate the development of clinical, critical thinking and relationship skills. Phased implementation of CELLS will begin in the fall of 1999 by organizing some current activities by communities, thus creating transitional communities without walls.

This article was written by Marian Schwabbauer, PhD, assistant dean, student affairs and curriculum, University of Iowa College of Medicine.

risk management

Altered prescriptions? IT HAPPENS!



A patient calls after hours requesting pain medication. She claims she is a patient of your partner's and is recovering from surgery. Her regular pharmacy is closed, and she desperately needs her Percodan refilled.

The pharmacy calls and questions a prescription for a patient with neck pain. The prescription is for 100 tablets, and the pharmacist suspects alteration. The patient's chart shows 10 tablets were prescribed.

These and many other scenarios confront physicians every day as drug-seeking patients develop innovative ways of obtaining narcotics by prescription. Some patients truly need narcotics refills. However, the apparent proliferation of prescription drug-seeking patients requires physicians to exercise more caution in dispensing narcotics.

Some risk management tips for your practice:

√ Estoblish o written policy on how norcotic prescription refills ore to be handled.

√ Write initiol prescriptions for norcotics only ofter exomining the potient.

√ Hondle emergency off-hours requests for norcotics by prescribing only o very limited quontity — enough to corry the potient through the night, for exomple — or referring the potient to the emergency deportment for evoluotion.

√ Avoid using digits for medicotion quontities. A 'ten' connot be oltered to 'one hundred' the woy '10' can. Similarly, use 'none' for refills rather than '0' which con be turned into '10.'

√ Document oll prescriptions ond refills on o centrolized medication record. Check this record before outhorizing ony prescriptions to prevent overprescribing.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

how we learn

EVOLUTION of professionalism

A group of senior Iowa physicians have been working on a contribution to a monograph that will celebrate the sesquicentennial of organized medicine in Iowa.

They describe with clarity and authority the notable events and people of recent decades in our state.

The polio epidemics, introduction of open-heart surgery, formation of multispecialty practices and other familiar developments emerged from these discussions as historical events with dimensions and in context.

One recurring theme of this work has been the evolution of professionalism in medicine and especially the critical importance of the use of judgment. Much of the tumult in changing health care services has centered on the right and responsibility of physicians to make individual decisions.

This is not an issue that is new in our time. The circumstances have changed. The dilemma persists.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

WE CAN MAKE A DIFFERENCE

Each year, 4,000 people on the waiting list die before getting an organ.

by Josh Rosebrook

Finals were a week away, but this cause was too important for students to ignore. The Iowa Medical Society American Medical Association Medical Student Section (IMS-AMA MSS) held a bone marrow and organ donor drive this May in the main lobby of the University of Iowa Hospitals and Clinics. A dedicated group of 12 first and second year medical students spent their afternoon talking to other students, employees, patients and guests about the importance of organ and bone marrow donations. This is the second year IMS-AMA MSS held this event as part of the Medical Student Section National Organ Donation Service Project.

Over the last few years, the Medical Student Section has recognized the desperate need for increasing organ and marrow donation. The fact that each year over 4,000 of the 60,000 patients who are on the national organ transplant waiting list die before an organ becomes available provided the impetus for the Medical Student Section to adopt Organ Donation as its National Service Project.

"This is an incredibly important mission. Medical students can play a major role and can make a difference," said Kris Vander Zwaag, a second year medical student and volunteer at the booth. "The organ and marrow shortage is very real and costs thousands of people their lives every year. As a medical student, anything I can do to prevent those deaths I'm going to do."

The officers of the IMS-AMA MSS had three goals in mind while organizing this event: raise professional awareness and understanding of organ and bone marrow donation; teach students and other health care workers how to approach issues of donation with peers, patients and their families; and raise public awareness about the importance of becoming a donor as well as the importance of informing family members and physicians of this intention.

To accomplish these goals we used a number of strategies. First, we targeted the white coats of physicians and medical students, placing green organ donation pins on their lapels as a reminder to discuss donation issues with patients.

Next, we showed two 10-minute educational video tapes throughout the five hours we were there. "Live and then Give," produced by the Medical Student Section, discussed the story of Phil

Josh Rosebrook is an M3 at the University of Iowa College of Medicine. He is co-president of the Iowa Medical Society-American Medical Association Student Section.

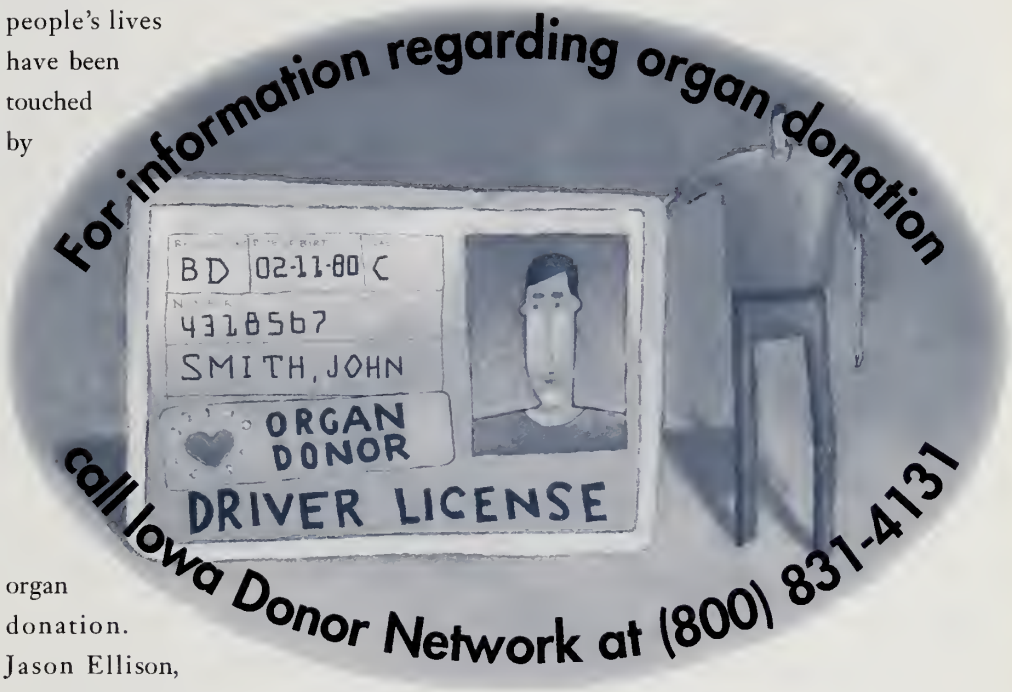
Berry, Jr., MD, president of the Texas Medical Association and recipient of a liver transplant. Dr. Berry is spearheading a national campaign for organ donor awareness. The other video, put together by the National Bone Marrow Program, discusses the practical aspects and benefits of being a bone marrow donor. Both tapes provided excellent information and were watched by many in the lobby. Lastly, applications to become bone marrow donors and legally binding AMA organ donor cards were distributed. All in all, we handed out almost 100 organ donor pins and 150 applications and cards.

Marian Schwabbauer, PhD, assistant dean of students at the College of Medicine commented on the drive, "Helping others and improving the quality of life for patients is important to our medical students. Student groups like IMS-AMA MSS provide settings where students can learn about themselves and their interactions with others. This will improve their interactions with patients and the communities they will serve. In addition, these events often serve as a catalyst or prod for action for both the medical community and the general public."

One of the most interesting parts of the drive was finding out how many people's lives have been touched by organ donation. Jason Ellison, first year medical student and organizer of this year's event said, "After about the third person walked up and said they were the recipient of an organ or that they had donated marrow, I realized what a difference donations can make. Most people don't realize that impact."

Ginger Nicol, another first year medical student and booth volunteer said, "If each physician we gave a pin convinces just one patient each day for a year to sign a donor card, that would be enough organs to supply half the country for the entire year."

The IMS-AMA MSS encourages all physicians, other health care workers, students and all Iowans to become more involved in organ and bone marrow donation programs. Whether it means soliciting your patients or friends to become donors or becoming a donor yourself, this is a real opportunity to save lives.



For more information regarding bone marrow donation, please contact the Iowa Marrow Donor Program at (800) 944-8220.

For information regarding organ donation, as well as organ donor cards and pins, please contact the Iowa Donor Network at (800) 831-4131.

Helping others and improving the quality of life for patients is important to our medical students.

ORGAN DONATION AWARENESS
It has to START somewhere

Increased organ donation awareness should start in physician offices.

by Josh Rosebrook

An epidemic is upon us. Last year in the U.S. it killed a quarter as many as HIV/AIDS and 100 times more than school violence. It is killing more people each year and not enough is being done to stop it. What is this epidemic? Organ donor shortage.

The problem of donor shortage is not due to a lack of support. In a 1995 Iowa Organ Procurement Study, greater than 97 percent of Iowans said they would consent to donate their organs. The real problem is the lack of education and real action on the part of physicians and the community. Despite nearly unanimous support for organ donation, only 53 percent of Iowans have their driver's license appropriately marked. Few realize this very important life decision documented on official government ID is not legally binding in Iowa. In fact, the only "irrevocable" document in Iowa is the organ donor card.

So who is the best person to change the course of this epidemic? The physician. This public health problem is easily curable by following these steps.

1. Wear your green organ donor awareness pin and ask your patients about becoming a donor.

2. Learn facts about donation (e.g. one donor can provide tissue for over 125 recipients) so you can educate patients about the importance of this gift.

3. Call the Iowa Donor Network to get legally binding donor cards for your office. Co-sign their cards as a witness and support their decision.

4. Tell patients to inform their families since the family ultimately make the final decision concerning donation (even if a donor card has been signed).

5. Make sure your local hospitals are following the 1986 'required request' federal law which mandates hospitals to ask families about organ donation upon the death of a loved one.

6. Support legislation that increases the number of donors. Keep up with organ donor policy issues.

7. Lead by example and become a donor yourself.

With a little information and action, we can cure this epidemic. Take a few seconds to ask about organ donation and help save the 4,000 friends, family members, patients and colleagues who die each year as a result of organ shortages.

Josh Rosebrook is an M3 at the University of Iowa College of Medicine. He is co-president of the Iowa Medical Society-American Medical Association Student Section.

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A **LEARNING** experience

It has aptly been named "The Last Summer of Your Life." As first year students, we are told to cherish these three months, but we scarcely recognized their profound significance until they were upon us. OK, maybe it isn't quite that dramatic, but the summer between the first and second years of medical school does correlate with the last block of free time until students retire. So what is a student to do with such precious hours?

The first option is the Medical Education Community Orientation (MECO) program. MECO provides an opportunity for students to experience clinical medicine. Students can rotate through surgery, OB or any other discipline offered by the hospital and occasionally spend evenings riding with the ambulance crew or working in the ER. According to Pam Hoogerwerf, coordinator of the MECO program, participating hospitals pay students a stipend and some provide room and board. There are 46 hospitals participating this year and the programs range from four to 12 weeks long.

Students can also participate in summer research programs. Most hospital departments and some science labs offer opportunities for students to do two-three months of research. Some projects result in publication or an opportunity to present at conferences across the nation. Students are paid a stipend by the medical school for their participation.

Whether students choose to do MECO or research, they have invariably found it to be a valuable part of their non-classroom education and an inspiration to continue their studies.

Kris VanderSwaag is an M2 at the University of Iowa College of Medicine. He is co-president of the Iowa Medical Society–American Medical Association Student Section.

UNCHARTED territory

Great Alliance presidents inspired and led us from being a purely social organization to an organization dedicated to making life better for all Iowans.

The Alliance has raised millions of dollars targeted for medical education and medical research. We reach out to our communities to help stop violence in families, to educate our adolescents about teen pregnancy prevention and to show tobacco takes lives.

As we move into uncharted waters, we must be ready and willing to adapt to the whole spectrum of individual needs represented in our membership. Old ways must be scrutinized and, in some cases, new ways must be adopted — always remembering that new is not necessarily better. Trial and error will happen, but dedication to our mission will inevitably support the truth that the Medical Society and the Medical Society Alliance are alive and well and ready to move forward into the new century.

This article was written by Gail Sands, IMSA president

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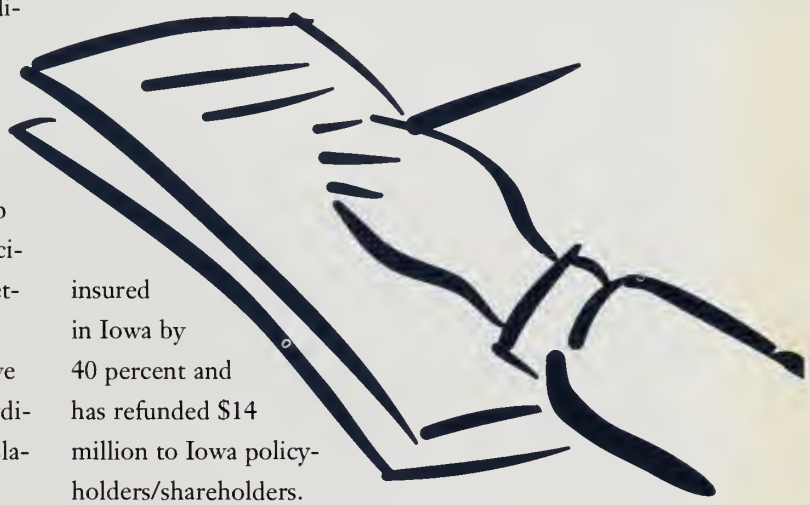
Changes in MMIC — RELATIONSHIP with IMS still STRONG

There have been changes in the Iowa operation of Midwest Medical Insurance Company. MMIC has expanded its marketing staff and has entered into arrangements with selected agents and brokers to supplement its traditional direct marketing operations. Dennis Park, regional marketing and sales director, supervises marketing and sales in Iowa from the West Des Moines office. Sharon Hill, formerly a senior underwriter, has joined the Iowa marketing team to serve customers written directly by the company.

Other insurance functions are more efficiently served from the central office. The underwriting department recently was consolidated. Beginning January 1, 2000, the Iowa claim committee governance and review function will also be merged into the main claim committee in Minneapolis. This decision was made with full concurrence of Iowa board members. Three Iowa physicians will serve on that committee and other Iowa physicians will be asked to review individual claims. The claim staff will continue to service claims from the West Des Moines office.

The MMIC relationship with the Iowa Medical Society remains strong. Marketing, public relations, risk management and legislative efforts are frequently coordinated with the IMS. Legislative coordination in particular has been enhanced with the appointment of Libby Lincoln to the new MMIC post of vice president, law and health policy. Mike Abrams, IMS executive vice president, is one of six Iowa members of the MMIC board. The other five members are Drs. Tom Evans, Mark Liaboe, Hal Miller, Tom Throckmorton and myself.

Since the merger with Iowa Physicians Medical Insurance Trust, MMIC, in a very competitive market, has expanded the number of physicians insured in Iowa by 40 percent and has refunded $14 million to Iowa policyholders/shareholders. Early 1999 results are very encouraging with 112 new physicians and four new hospitals written.



MMIC has also continued to have a ratio of paid claim closings to all closings, average indemnity and cost of claim management all below industry averages. We intend, with these changes, to maintain or improve that competitive position.

R. Bruce Trimble, MD
MMIC Board of Directors

Are YOU ready for RETIREMENT?

Planning for retirement brings up many questions that need answered.

by Jerry Foster

Most of us have worked throughout our careers dreaming of retiring at a reasonable age, with sufficient assets to support a reasonable income and a perfect plan to protect us from unforeseen landmines on the road. But the closer we get to that day, the more nagging questions loom in our minds: How much is enough? Will I outlive my assets? Where should I invest? How do I control taxes? Where should I get my income? How do I organize my estate? Where do I start?

This is a two-part article in which I will address some of the issues you should be aware of and steps necessary to ensure a successful retirement. One of the most important issues to consider is that money saved for retirement 10 years ago will not stretch for retirements 10 years from now. One reason: retirees are living longer. A man age 55 has a life expectancy of 22.4 years and a woman age 55, 27.2 years. Planning for retirement means planning for nearly a third of your life. This makes the answers to those looming questions even more important.

> Planning for retirement means planning for nearly a third of your life.

Choosing your lifestyle in retirement is a critical variable. According to a Georgia State University study, most of us will need between 70 and 85 percent of our preretirement income to maintain our lifestyle once we're no longer working. The higher your income, the greater proportion of income you'll need. For example, if your income is $90,000, you'll need approximately 83 percent after retirement. Not surprisingly, Social Security is less, proportionately, for higher-income workers. Understanding this will help to determine how much savings is necessary to meet your needs.

The Iowa Medical Society is sponsoring a Retirement Readiness Workshop this fall designed to help you plan for your retirement. Whether that goal is two, five, 10 or even 20 years down the road, it is never too early to begin the planning process. Check out the next page for more details. Know the appropriate questions and pursue the correct answers.

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

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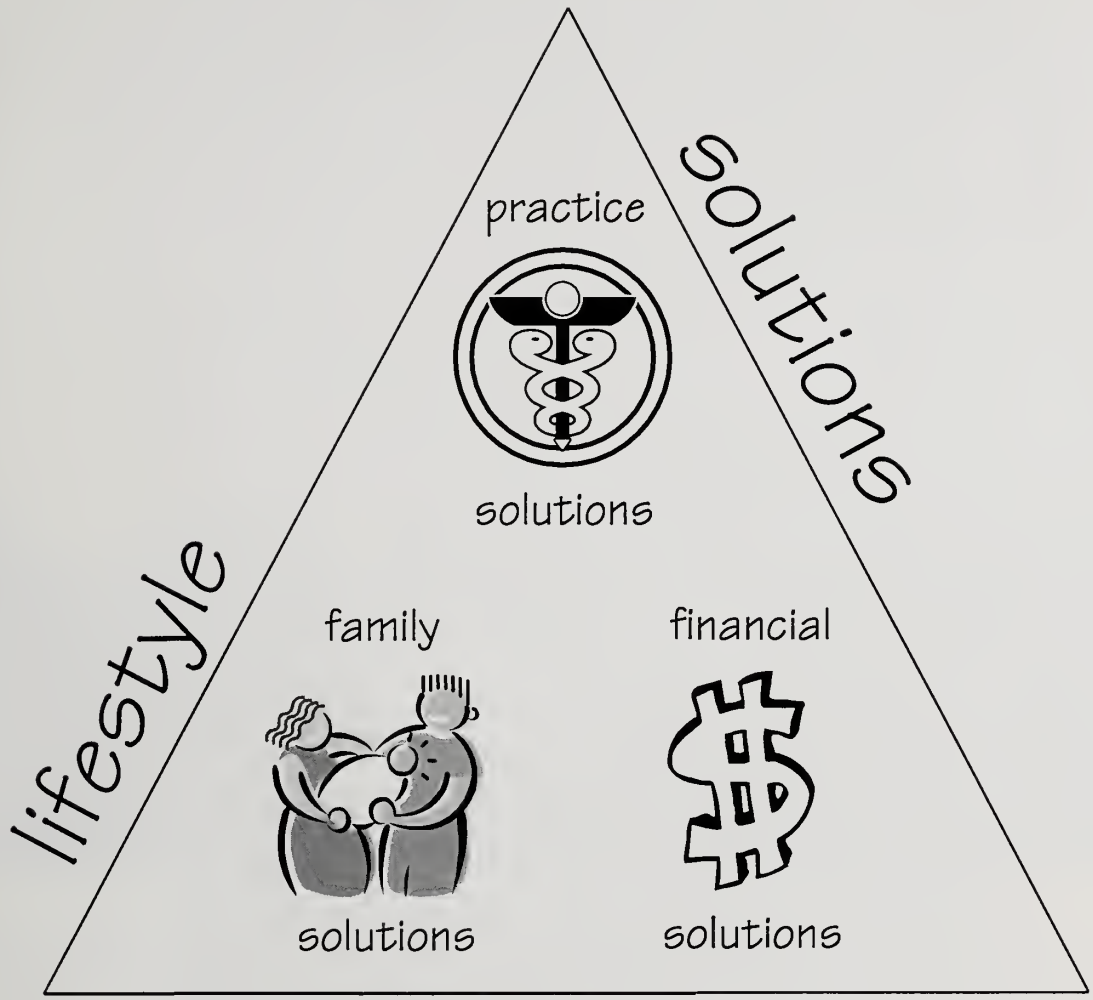
P R O V I D I N G



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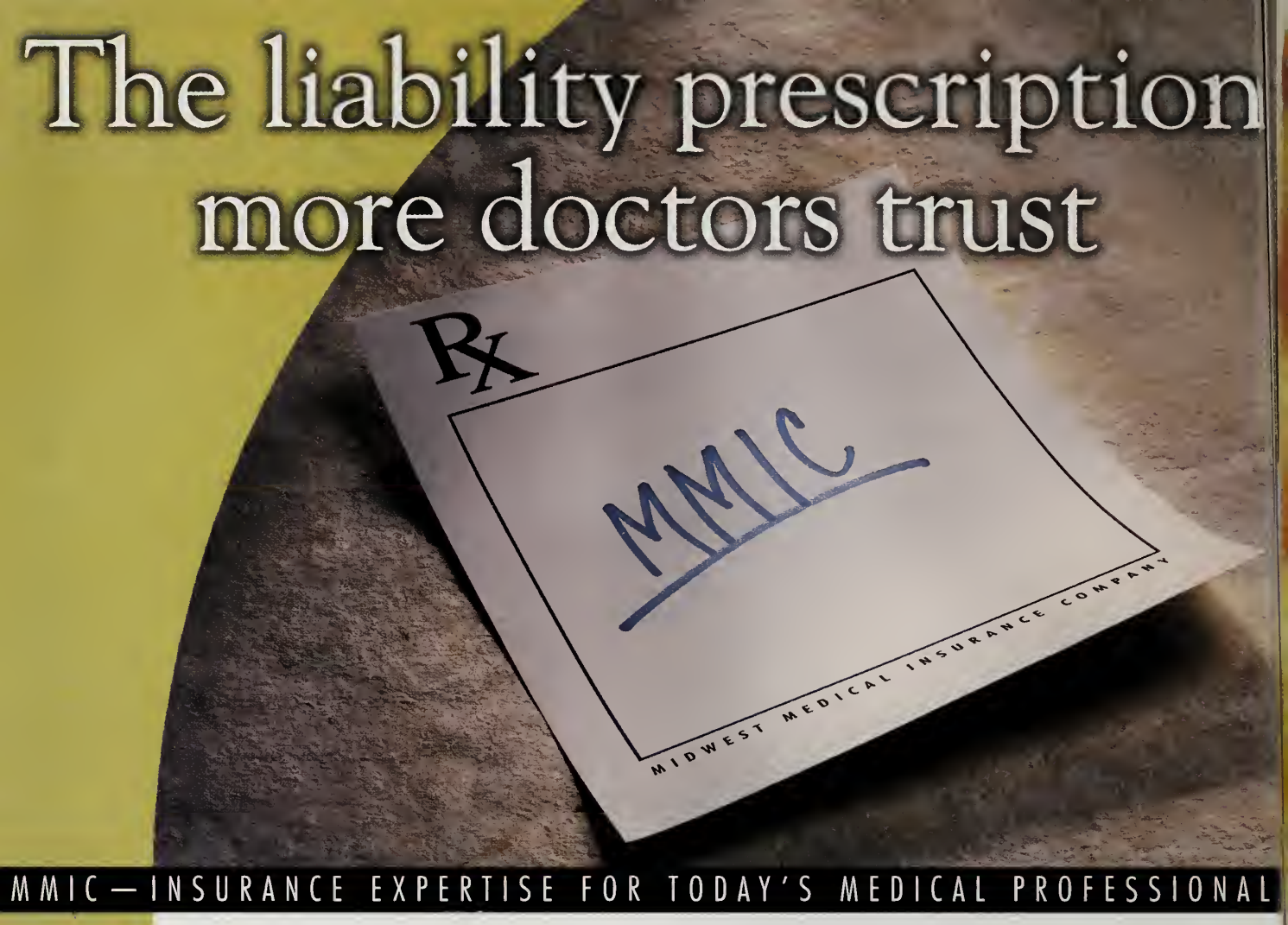

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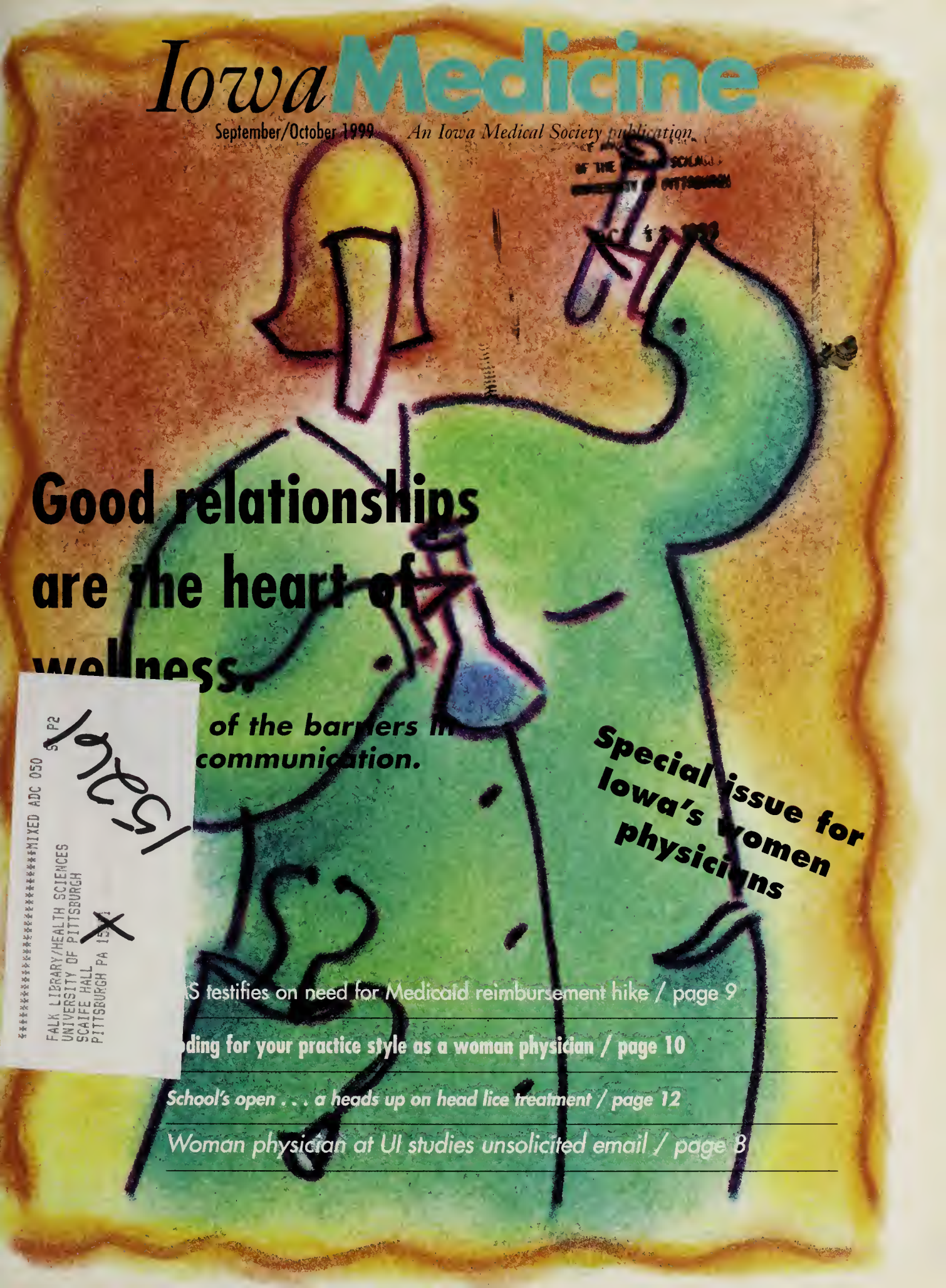

Good relationships are the heart of wellness.

...of the barriers in ...communication.

Special issue for Iowa's women physicians

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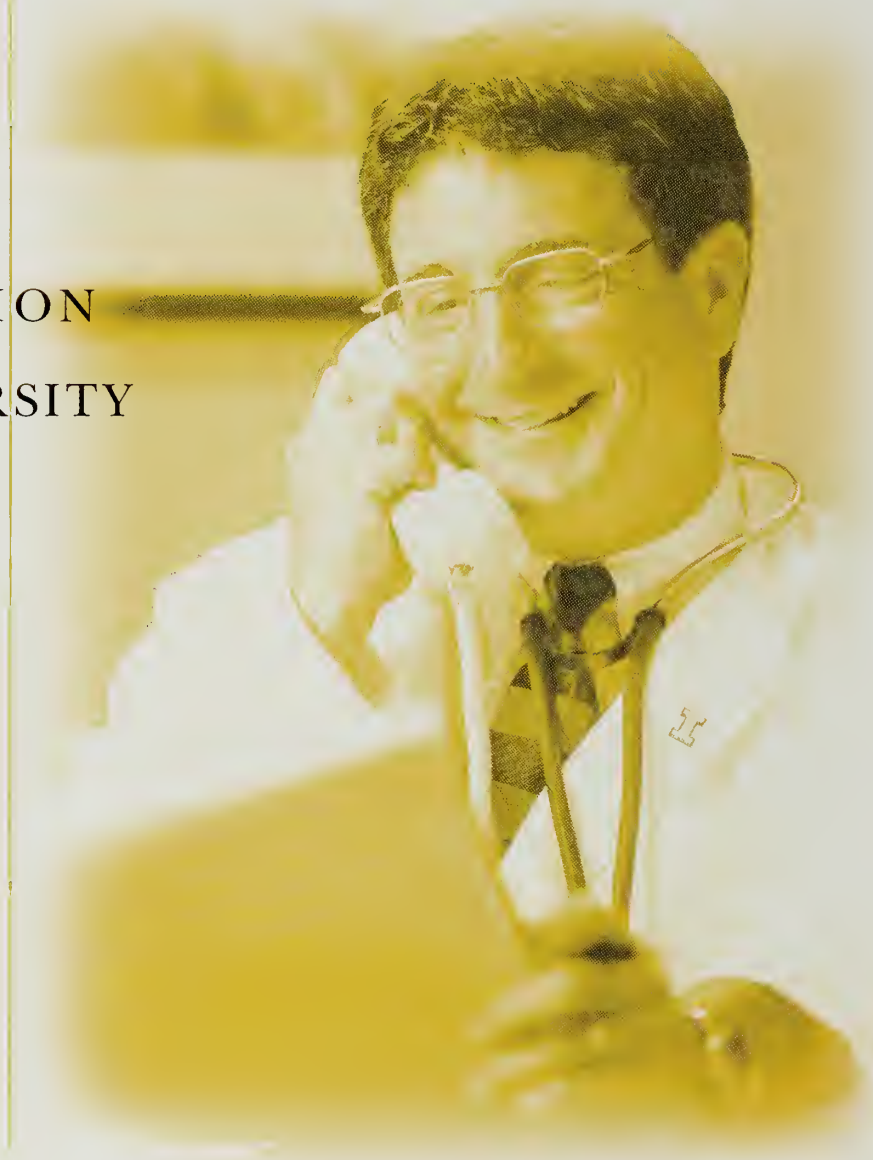

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IowaMedicine

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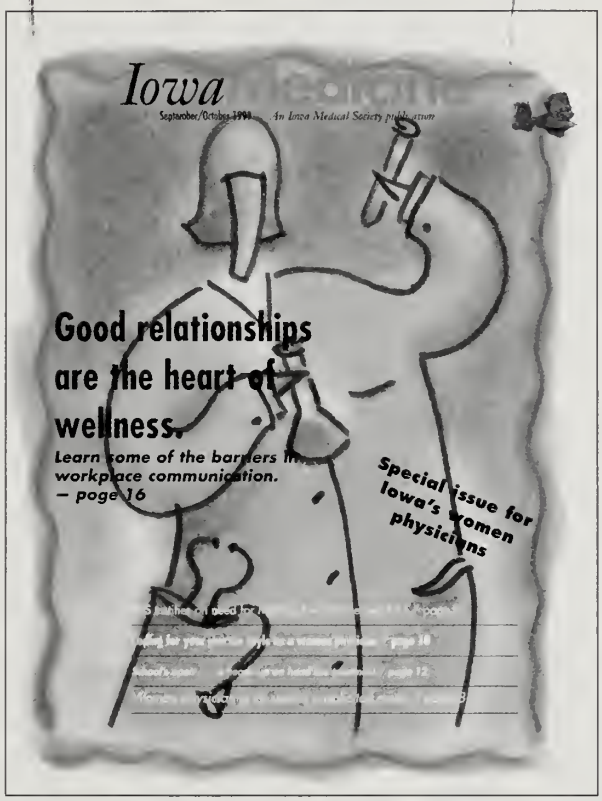

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exhibit A:

Adhesive bandage, which plaintiff alleges defendant pulled rapidly from skin, violently tearing three hairs from plaintiff's arm, which resulted in severe shock, trauma, disfigurement, chronic debilitating pain and permanent psychological damage.

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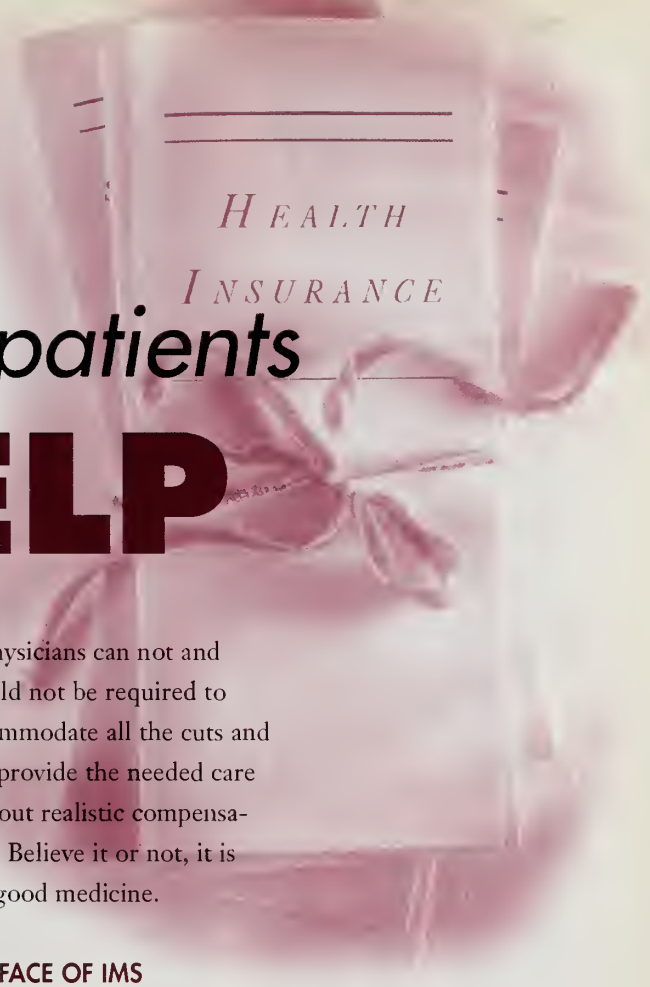

Our UNINSURED patients NEED HELP

It is difficult for physicians to absorb all the costs of caring for uninsured patients.

by Siroos Shirazi, MD

The rule in the old Persian holy book (Avesta) on the subject of medicine gives us an illuminating insight into the economic affairs of the early Iranians. The holy book does not disdain the fees set by practitioners of the art of medicine.

A priest, who had been cured, repaid his benefactor with a pious benediction.

The head of a household gave a small beast of burden.

The head of a village paid by means of an animal of moderate size, but a powerful lord provided a draught beast of major size.

From a prince, the physician received four beef cattle.

It is astonishing that 3,000 years later, our compensation rates are still determined by third parties (now the government and HMOs) rather than by religion. Even more astonishing is the fact that there is no longer mention of those who are unable to pay.

I assume, like today's practice, the physician did not charge the poor in the past and did cost sharing.

Unfortunately, caring for uninsured patients is getting more difficult. Something needs to be done to help the uninsured patient in this country.

The American Medical Association suggests a combination of the following solutions:

- a voucher program for those below poverty line
- a tax incentive for young, working people to buy affordable basic insurance
- Medicare for the elderly who can not afford private insurance.

Physicians can not and should not be required to accommodate all the cuts and still provide the needed care without realistic compensation. Believe it or not, it is not good medicine.

THE FACE OF IMS LEADERSHIP IS CHANGING

I am so pleased that our women colleagues are joining the leadership ranks in the Iowa Medical Society. Currently, there are three women on the IMS Board of Directors — Kathryn Opheim, MD; Mary Hoppa, MD and Mariannette Miller-Meeks, MD. We also have one woman on the AMA Delegation, Janice Kirsch, MD.

I also had the pleasure to appoint women as co-chairs to our standing and special committees.

These are small steps in the right direction. The next big step needs to come from our women colleagues by volunteering their time and running for elected offices.

Dr. Shirazi is a general surgeon at the University of Iowa Hospitals and Clinics and president of the Iowa Medical Society.

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**Student interest will determine the sites developed for program delivery. MHA program not available in Davenport.*

Non-traditional format. All classes will be scheduled every other weekend (Friday evenings and all day Saturday) to accommodate working adults.Off-campus students will be expected to do little to no travel to Des Moines.

For more information contact the Division of Health Management at 515-271-1497; or 800-240-2767, ext. 1497; or by e-mail at cwichert@uomhs.edu.

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A *CLOSER* look at MEDICAL WEB SITES

Two medical researchers, fed up with a hodgepodge of useless and misleading health information on the Internet, have published what they believe is the first consumer guide to medical sites on the web.

The 400-page book, "The Doctor's Always In," features 1,100 medical sites which the authors judge to be the best the web has to offer on subjects ranging from AIDS and allergies to cancer.

Co-author Jay Schneider, a neurology professor at Thomas Jefferson University in Philadelphia, said the aim was to provide people with medical knowledge they can use in discussions with their doctors.

"Some of the health information on the web is posted by electronic-age snake-oil salesmen," Schnieder said.

Americans seek health info on-line

The number of Americans who use the Internet to look for health care information has risen to around 70 million, according to a recent Harris Poll.

The number of "cyberchandriacs" — a term coined by the Harris Poll to describe such Internet users — has risen 16 percent since January.

The diseases that generated the greatest use of the Internet for information were depression (19%), allergies or sinus conditions (16%), cancer (15%), bipolar disorders (14%), arthritis or rheumatism (10%), high blood pressure (10%), migraine (9%), anxiety disorders (9%), heart disease (8%) and sleep disorders (8%).

excerpted from Americans seek health information on-line, Reuters Health, August 5, 1999.

San Francisco health officials tracking an outbreak of syphillis have followed the virus into cyberspace. Investigators quizzing seven homosexual men reporting syphillis were surprised to find that all seven found their most recent sexual contacts through a chat room on America Online.

At issue: ORGANS

An Iowa Medical Society ad hoc committee is set to study ways to increase organ donation in Iowa, while some of our neighbors are openly battling over new rules for who gets organs.

According to a recent *Time.com* article, Wisconsin fears that new federal rules will let Chicago hospitals take a disproportionate share of donated organs. Wisconsin is leading a group of states including Minnesota and both Dakotas in trying to exclude Illinois from a new organ-sharing network.

To make matters more heated, local hero former Chicago Bears running back Walter Payton is waiting for a liver at Mayo Clinic.

Answering unsolicited online 'CRIES FOR HELP'

While it's a challenge for physicians to respond to increasing numbers of unsolicited electronic mail messages from people with health care concerns, there is a responsible and practical way to handle the many requests, according to a University of Iowa study.

The study examined more than 300 unsolicited e-mails received from October 1995 to October 1998 by a pediatric radiologist at the UI Hospitals and Clinics.

"Many people are seeking medical help on the Internet, but they often can't determine who to contact for advice and assume doctors have expertise in areas they don't. Many of the messages have an emotional overlay because the people have seen many physicians and are looking for additional opinions," said Donna D'Alessandro, MD, study's principal investigator.

The UI study looked at how researchers could respond to the electronic queries. The researchers developed a standardized response that directs a person to quality information resources on the Internet and in communities such as primary care providers, local or regional children's hospitals, regional medical libraries and public access PUBMED, a National Library of Medicine online listing of medical resources.

"As patients become more educated health care consumers, we want to help them develop better ways for them to come to physicians with good questions. I think that the electronic interaction can be an improvement for health care overall," Dr. D'Alessandro said.

Anatomy of a Spirit

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Drift into a state of relaxation. Inhale the deep scents from aromatherapy candles. Stretch into oblivion. After a stressful week, kick back, don your sweats and participate in yoga relaxation techniques at the 1999 IMS Retreat for Women Physicians.

4 reasons why you should send your registration in TODAY!

EXPLORE INNOVATIVE PRACTICE ARRANGEMENTS

Do you wish there was more flexibility in your schedule? Do you wonder how you con continue to fit into the troditionol practice mold? In o reprise of lost yeor's successful progrom, o ponel of women who hove broken out of troditionol proctice models will discuss how they did it ond whot it has meant for their careers ond lives.

HONE YOUR NEGOTIATING SKILLS

Let's face it... most women aren't accustomed to speaking out in a forthright manner on their own behalf. Through role-ploying of true-to-life situotions, you will leorn how to be on effective odvocote for yourself as o professionol womon in o mon's world.

CARE FOR YOUR PATIENTS IN YOUR OWN WAY

Women physicions ond their mole counterports differ in the woy they odminister core to their patients. Could this justify coding differences? Sheryl Nuzum, MPA, monoger of medicol economics for the Iowo Medicol Society, will shore over 10 yeors of experience in coding, poyment, policy ond complionce issues.

CHOOSING A SPECIALTY/RESIDENCY (SPECIAL SESSION JUST FOR WOMEN MEDICAL STUDENTS)

The speciolty you choose will hove o significont impoct on your professionol and personal lives. Hear from Iowo women physicions of vorious speciolties obout the odvontoges ond disodvontoges of thot porticulor specialty ond how their choices hove offected their lives.

HOTEL ACCOMODATIONS/RESERVATIONS

The locotion of the meeting has chonged to the University Pork Holidoy Inn, 1800 50th St., West Des Moines, Iowo 50266. Room reservotions con be mode by colling the University Pork Holidoy Inn at (515) 223-1800. Pleose request that rooms be token from the block reserved by the IMS. A rate of $79 has been arranged for physicions ottending this session. The deadline to reserve o room from the IMS block is September 24, 1999. Reservations received ofter this dote will be occepted only if space is ovoiloble. NOTE: HOTEL RESERVATIONS MUST BE MADE DIRECTLY WITH THE UNIVERSITY PARK HOLIDAY INN.

FILL OUT THE REGISTRATION ON THE REVERSE SIDE TODAY!

Agenda at a glance

Friday, October 15, 1999
6:30 p.m.
√ Receptian with exhibitars
√ Welcame/intraductians
√ Camman threads: The lives and staries of women living with breast cancer—An exhibit af phatagraphic quilts
√ Yaga relaxatian techniques
Please dress casually and bring yaur favarite pillaw and blanket.

Saturday, October 16, 1999
7:30 a.m.
√ Registratian/cantinental breakfast/AMWA breakfast/visit exhibits
8:30 a.m.
√ Welcame/intraductians
√ Preventive initiatives ta maintain heart and breast health
9:15 a.m.
√ Music as medicine: A gift beyand measure
10 a.m.
√ Break — visit exhibits
10:30 a.m.
√ Alternative practice arrangements, pt II
12:15 p.m.
√ Netwarking lunchean
12:45 p.m.
√ Midlife health issues far wamen
1:30 p.m.
√ Break — Visit exhibits
2 p.m.
√ Negatiating skills far wamen physicians
3 p.m.
√ Cading far differences in practice styles as a waman physician
√ Haw ta select a residency/specialty
4 p.m.
√ Adjaurn

IMS
IOWA MEDICAL SOCIETY
Ensuring quality education for Iowa physicians

Registration

IMS Retreat for Women Physicians

Please check the correct listing to the right for each attendee

IMS member physician ($125) ❑
Nonmember physician ($175) ❑
Resident ($75) ❑
Student ($50) ❑

Name _____

Academic degree _____ Medical specialty _____

Social Security number for CME purposes _____

Medical license number _____

Office/clinic _____

Street address _____

City _____ State _____ Zip code _____

Telephone _____ Fax _____

Email address _____

Favorite book _____

Payment Options

❑ Check in the amount of $_____ payable to Iowa Medical Society

❑ Credit card (circle one) MasterCard VISA

Cardholder name _____ Credit card number _____

Signature _____ Expiration date _____

Amount charged _____

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Ensuring quality education for Iowa physicians

Need special assistance?

❑ Yes ❑ No

For answers to your questions or to register with credit card:

Call the IMS at (800) 747-3070

Complete this form and fax to (515) 223-8420

To register by mail with check or credit card:

Mail registration form with payment to:
IMS Retreat for Women Physicians
1001 Grand Avenue
West Des Moines, IA 50265

IMS: RAISE Medicaid reimbursement

During the past month, the IMS launched phase two of its campaign to raise Medicaid reimbursement for Iowa physicians. Phase one of the campaign garnered a two percent increase from the 1999 Iowa Legislature, but IMS representatives say this is not nearly enough to assure continued access to care for Iowa's poorest citizens. In fact, during the past decade, Iowa physicians have received only one other increase while other providers saw almost yearly increases in reimbursement.

IMS representatives testified at a hearing before the Council on Human Services, arguing that physician payment under Medicaid should at least be equal to Medicare. The Council will make budget recommendations to the Governor this month.

The fiscal impact of the IMS request would be $6 million from the state budget, with state monies to be matched by $12 million in federal funds.

IMS representatives also met with Jessie Rasmussen, Department of Human Services director, regarding Medicaid reimbursement. Rasmussen addressed the challenges faced by the DHS relative to the Medicaid program and made no commitments on the issue of physician reimbursement.

The IMS has requested a meeting with Governor Vilsack during the time he is developing his budget. Representatives of the Iowa Academy of Family Physicians, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have been asked to join the IMS for this meeting.

WOMEN doctors more open

Female doctors are viewed as less authoritarian and more likely to involve patients in their health care, according to a study by Johns Hopkins' researchers.

More than 18,000 adults were surveyed. Patients of all races and ethnic groups rated female doctors as better communicators. Older patients (ages 40 to 65) were more likely to feel they were participating in decisions about their treatment than younger patients. Patients who had known their physician for three years or more rated their visits as more participatory than patients who had known their physicians for less than a year.

Selling products in your practice

Iowa physicians speak out

In a recent poll on www.iowamedicalsociety.org, 47 percent of respondents said it's okay for physicians to sell products in their practices as long as the products are related to their practice and there is a clinically-sound reason for doing so. Forty-two percent of respondents said physicians shouldn't be selling products under any circumstances.

The road to becoming a physician

Do you wish your patients knew more about what it takes to become a MD or a DO? A new brochure produced by the University of Iowa may be a good addition to your reception area.

The brochure, entitled "The Road to Becoming a Physician," explains the education necessary to become a physician, defines selected medical specialties and lists sample residencies lengths. If you would like a copy for your reception area, email Becky Bales at the IMS, bbales@iowamedicalsociety.org.

reimbursement

CODING FOR Women's PRACTICE STYLE

Unadjusted net income for women physicians averaged 69 percent of male income in the last available study. Could this difference be attributed to E&M coding and documentation that has not been adjusted for your practice style as a woman physician?

An exploration of gender differences in coding is on the agenda for the IMS Retreat for Women Physicians Friday-Saturday, October 15-16, 1999. The class will be instructed by Sheryl Nuzum, IMS manager of medical economics.

"Women physicians and their male counterparts differ in the way they administer care to patients," says Nuzum. "There is a common perception that women physicians spend more time with each patient. We will explore whether code selection affects this perception."

Medical records from Iowa practices will be used for the Saturday session. Men and women physicians in the same specialty for the same level of service will be compared.

For more information on the IMS Retreat for Women Physicians, see pages 8a, 13 and 14.

PRACTICE characteristics

Median patient visits and practice hours per week — 1997 (Excluding residents)

	Office	Hospital	Other	Total
Practice hours				
Male	30.0	5.0	21.0	57.0
Female	30.0	3.0	17.0	50.0
Patient visits				
Male	75.0	10.0	4.0	106.0
Female	66.0	4.0	2.0	87.0

Saurce: AMA Center far Health Palicy Research, Chicaga, Il. June 1999. Prepared by Martin L. Ganzalez

Nate: The data are nat adjusted far differences by gender, in specialty, age and emplayment status campasitian af the physician papulatian, as well as ather factars that may influence incame levels.

IMS alliance

Believe in the 21st century WOMAN

This article was written by Gail Sands, IMSA president

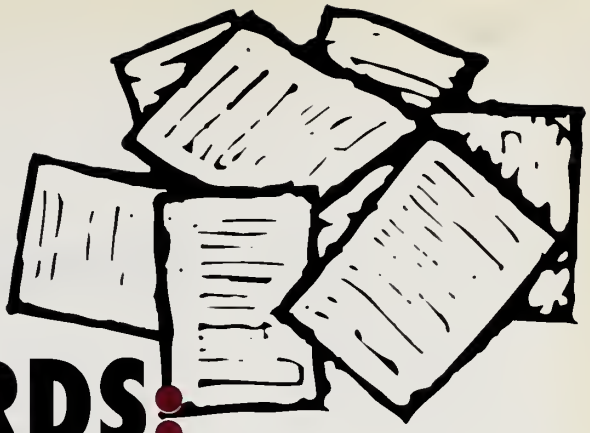
Last year I had the joy of seeing my physician son get married. Shortly after the marriage, my daughter-in-law stopped working outside the home. I hoped she would be able to avoid the guilt I felt when my husband became the sole breadwinner. After all, my stay-at-home job didn't pay a salary!

In today's world, women often equate a salary with self-worth and self-esteem. As a woman, I wrestled with this negative self-evaluation for years. I now know that everyday I go out and help my community I am adding worth to myself.

I now proudly wear the title of Home Organizer, because I realize it takes great organizational skills to get our children to school, gym and band practices, to shop and cook our meals, to wash clothes, clean house, volunteer my time to help others, and of course host and entertain friends, colleagues, and acquaintances (think Donna Reed here).

However, as I see women join previously male-dominated professions and juggle careers and home life, I am proud of our new generation of women.

Whether women work outside the home or inside the home their contribution cannot be measured in dollars and cents. I believe that in the 21st century, Woman will always be spelled with a capital W.



An issue that never goes away

MEDICAL RECORDS: Who has CONTROL?

Iowa law gives little guidance on the subject of medical records.

by Jeanine Freeman, JD

The most common issues to cross IMS legal desks relate to medical records. Iowa law gives little direction.

Physicians own the medical record but patients have a recognized interest in the information. AMA Ethical Opinion E-7.02 directs the physician to provide a copy or summary upon request and with proper authorization to the patient, another physician, an attorney, or other person designated by the patient. Medical ethics and rules of the BME also require physicians to timely transfer medical records to another physician when legally requested to do so.

AMA ethical opinions E-7.01 and 7.02 are clear and unequivocal on the fact that records cannot be withheld due to an unpaid bill.

An unresolved issue is whether physicians can release the records of other physicians held by them. The Iowa Health Information Management Association says copies of medical records from other institutions do not become the property of the receiving facility and should not be included in that facility's record releases; lab or test results prepared under contract for the facility, however, do become a part of the facility's records. Patients, attorneys, and regulatory agencies are often frustrated by this view. Neither Iowa law nor medical ethical opinions give specific guidance. If medical records received by a physician practice prohibit further redisclosure, the records should not be released. Facts in other situations govern the appropriate response, but the better part of caution ordinarily argues against release.

Nasty and expensive legal disputes have arisen when physicians leave a practice and want their patients' medical records. Before joining a group, physicians should ask for written clarification of the practice's medical record ownership and other policies. AMA Ethical Opinion E-7.03 states that when a physician leaves a practice, patients must be notified, provided the physician's new address, and offered the opportunity to have their medical records forwarded to the departing physician. Notice can be provided by either the group or the physician but if done by the departing physician, the group should not interfere by withholding patient lists or other necessary information. No one is well served by battles for control fought in the medical record context.

What are your medical records issues or experiences? Let us know and we will work on them for the benefit of all physician practices.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

HEADS UP on head lice treatment

The Iowa Department of Public Health is receiving reports of increasing tolerance to pyrethrin, permethrin and lindane in treatment of head lice. Russell Currier, environmental epidemiologist for the IDPH, advises treatment with over-the-counter products to kill crawling forms of lice, followed by regular shampoo and cream conditioner and thorough combing of wet hair beginning at the scalp. This process impedes the mobility of lice. Currier believes that clothing, bedding and other fomites are so unimportant in the transmission of lice that they can be safely ignored.

For repeated head lice infestations, Currier urges physicians to consider extra-label use of ivermectin. This treatment consists of 0.8 percent ivermectin in a hair rinse. Topical application efficacy approaches 100 percent. It may also be prescribed orally.

"While neither treatment approach is a labeled indication for the drug, it has been used to treat Africans for onchocerciasis without untoward effect," says Currier. "In my view, extra-label use of this drug must be balanced against children excluded from school for extended periods and risks from unconventional treatments such as kerosene attempted by desperate parents."

1997 Iowa Flu Immunization Rates for non-HMO Medicare consumers 65 years of age or older

# of counties	% immunized
2	20-29%
6	30-39%
10	40-49%
42	50-59%
39	60-69%

Currently no counties are at or above 70% of consumers immunized.

FLU vaccine underused

In an average year, influenza and pneumococcal disease are associated with more than 60,000 deaths as well as increased numbers of hospitalizations. It is estimated that only about 30 percent of people 65 years of age and older have been immunized, and less than 60 percent of seniors receive an annual influenza immunization.

A person's immunity to the surface antigens, especially hemagglutinin, reduces the likelihood of infection and the severity of disease if infection occurs. However, antibody against one influenza virus type r subtype confers little or no protection against another virus type or subtype. For more information about the 1999 Influenza and Pneumococcal Pneumonia Immunizations Project, contact Char Teed at the Iowa Foundation for Medical Care, (515) 223-2900 or (800) 383-2856 x6261.

Lyme disease awareness

Complications of lyme disease recently claimed the lives of two Iowans. Unfortunately, lyme disease is often mistaken for influenza, infectious mononucleosis, multiple sclerosis, chronic fatigue syndrome and other conditions.

The Iowa Lyme Disease Association wants to help Iowa physicians become aware of the growing number of cases and educate themselves on its diagnosis and treatment. For more information, contact Judy Weeg, Iowa Lyme Disease Association, at (515) 432-2314.

Iowa physician distinctions & AWARDS

CYNDA ANN JOHNSON, MD has been named head of the University of Iowa Department of Family Medicine.

RICK TURNER, MD was named president and chief medical officer of Mercy Clinics, Inc.

JEFFREY BOYLE, MD and **NEIL MANDSANGER, MD** were co-chairs of the March of Dimes Annual Walk America.

CASS FRANKLIN, MD was elected to the Board of Directors of the United Network of Organ Sharing.

STEVEN ECKSTAT, DO was appointed to the National Advisory Committee on Rural Health.

ROGER CEILLEY, MD was elected co-chair of the National Council on Skin Cancer prevention.

DANIEL KOLLMORGEN, MD received a three-year appointment as cancer liaison physician for the hospital cancer program at Iowa Methodist Medical Center.

DAN FICK, MD was appointed to the AMA Young Physicians Section.

CHARLES HELMS, MD was named medical director of the Office of Clinical Outcomes and Resource Management at the University of Iowa Hospitals and Clinics.

RICHARD WILLIAMS, MD received the American Urologic Association "Distinguished Contribution Award" for urological research and urologic oncology advocacy.

BRIAN LINDAMEN, UICM STUDENT, received the Henry J. Prentiss Award from the UI Department of Anatomy and Cell Biology.

ALFRED HANSEN, MD was elected vice chair of Iowa's EMS Advisory Council.

STEVE BERRY, MD received his election to fellowship in the American College of Physicians—American Society of Internal Medicine.

State hires new MEDICAL EXAMINER

The Iowa Department of Public Health announced the hiring of Julia Goodin, MD as Iowa's new state medical examiner. Dr. Goodin is currently state medical examiner with the Alabama Department of Forensic Sciences.

The Iowa Medical Society played a significant role in advocating for increased funding and staffing for the state medical examiner's office.

Dr. Goodin will join the Department as soon as she completes commitments in her present position.

YOU DESERVE a break

Seventy-five percent of the women physicians who responded to a 1998 Iowa Medical Society survey said they feel stressed at least half of the time. Stress takes an unbelievable toll on the body and the mind. Do you feel as if you are struggling to juggle your family and your career? Are you exhausted? Do you crave time for yourself?

The Iowa Medical Society has planned its second annual retreat for women physicians, "Anatomy of a Spirit." During this two-day event, you will explore how your physical health is affected by your spiritual well-being.

This is a must-attend program for women physicians, residents and medical students coping with the demands of busy professional and personal lives. You will leave the retreat with practical advice from women who are experts in their fields — advice you can use to improve the way you present yourself to your colleagues, the way you communicate and the way you arrange the jigsaw puzzle of your life. You will also have the chance to speak with your true peers — women on the front lines in the medical world who understand the challenges you face daily.

Register today! Tear out page 8a and fax it to Becky Bales at (515) 223-8420.

Please note that the location of the retreat has changed to the University Park Holiday Inn in West Des Moines.

Just In!

Joseph's Jewelers of Des Moines has donated a Lladro piece entitled, "Female Physician," to be given away at the Retreat! Don't miss out on a chance to win this fine porcelain piece!

'it **BROUGHT** tears to my **EYES**'

The Gown

The cloak of denial
has slipped from
my shoulders
The second breast must go
The long fought decision
Has been made

I dress myself in courage
And go to the hospital

The second breast is gone
Once more I gaze downward
With tears in my eyes
Once more the pain and fear
Overwhelms me

My courage lies
In threads
Upon the floor

Soon I will gather
Each fragile fiber
And weave into
A mantle of hope.

Lois Hjelmstad
excerpted from
Fine Black Lines

Lois was a participant in O'Dell's photographic quilt project.

I am searching for my own everyday heroines. I am looking for the true beauty in women whom many choose to define as no longer beautiful," writes Cynthia O'Dell.

O'Dell began her quilt project in 1996 after one of her personal female heroines, Lovey Meeker, was diagnosed with cancer.

After two years of interviewing and photographing women in Colorado who were living with breast cancer, the work evolved into *Common Threads*, an exhibit of photographic quilts.

O'Dell's quilts will be on display at the Iowa Medical Society Retreat for Women Physicians, Friday-Saturday, October 15-16, 1999 at the University Park Holiday Inn in West Des Moines.

The quilt can be understood as an object of comfort, but placing such an uncomfortable subject on this "soft" surface suggests the difficulties of dealing with breast cancer, O'Dell explains.

The quilt becomes an object with which to display this traumatic and uncomfortable information and also creates a point of juxtaposition. The quilts pull the viewer into a portrait of a woman who, by normal standards of American beauty, has been disfigured. While the viewer becomes involved in a visually appealing object, they also become involved in an image that defies normal assumptions of beauty.

Common Threads is appearing at the IMS Retreat for Women Physicians through the sponsorship of Mercy Woman at Mercy Medical Center – Des Moines.

30% of women physicians **WOULD** *do it differently*

At first glance, female physicians report a very high level of career satisfaction. But on further consideration, more than 30 percent say that if they had it to do over again, they would choose a different specialty or career.

Researchers suggest that helping female MDs and DOs to cope with work stress, harassment and control over their work environment would improve their job satisfaction.

The researchers conclude that "satisfaction would be enhanced by assessing and promoting control of the work environment, evaluating and diminishing work stress and identifying and eliminating sources of harassment."

Join women physicians who are striving to take control of their work and home environments at the Iowa Medical Society Retreat for Women Physicians, October 15-16, 1999. This is the second year there will be a panel discussion focusing on alternative practice arrangements for women physicians. Last year's panel received rave reviews.

To register, call Becky Bales at IMS, (800) 747-3070.

excerpted from One in three female doctors dissatisfied with job, *Reuters Health, July 12, 1999.*

Curbside consult: WHAT IS YOUR LIABILITY?

A casual off-the-cuff opinion about how to treat a particular patient, the "curbside consult," is an everyday occurrence. Most physicians either give them or request them and do not consider this free exchange of expertise and ideas to be a malpractice risk.

The malpractice risks of curbside consults run both directions: the consulted physician may be drawn into a malpractice suit for giving treatment advice to a colleague, and the consulting physician may be sued for the treatment outcome.

Give general, rather than specific, advice in casual consultations. When asked for your opinion about a patient you have not seen, you might respond, "Typically I would handle these kinds of symptoms this way..."

Document the consultation, even if it happened in the hospital lounge or the hallway. You can be certain the physician who consulted you will most likely note in the chart what you advised. Maintaining a simple log or file of such consults, including the date, the name of the physician who inquired and the advice given, allows you to defend yourself if a claim is drawn.

Most malpractice claims arise months after the treatment. It is difficult enough to recall patients you cared for in your practice, much less patients you have never seen, after so much time passes.

HOW DO YOU PROTECT YOURSELF?

Find out if this is a patient you should see. If a physician contacts you more than once for advice about a specific patient, consider formally consulting and examining the patient yourself.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

LEARNERS and teachers

One of the many privileges in being a physician includes the opportunity to teach the next generation of physicians.

At a recent event where first-year medical students were invited to meet practicing physicians in their home communities, the physician-mentors commented on their medical education and their current work as community preceptors and teachers.

The comments were in many respects testimonials to the place that life-long learning holds for physicians. Engaged with students, curiosity is sustained, dedication is renewed to the care of patients and the joy of professional effort re-emerges.

For a brief time at that event the continuum of learner and teacher was never so obvious.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

feature

the heart of good relationships

From childhood, girls exhibit marked differences in how they relate to others.

by Debra Judelson, MD and Diana Dell, MD

An interesting aspect of wellness is the ability to learn and use the skills that help individuals establish and maintain successful relationships.

Why are relationships part of wellness? Learning how to establish and maintain positive relationships helps promote both mental and physical health. Without an emotional support system, people are actually at greater risk for illness and death.

Studies have shown that socially isolated people have higher rates of tuberculosis, accidents and psychiatric disorders. Survival rates for heart patients are significantly lower when they live alone or do not have a close personal tie to a companion, friend or spouse.

Other studies show that the stress people experience when key relationships in their lives are strained can manifest itself in neck and back pain, headaches, irritable bowel syndrome and other disorders.

Communication lies at the heart of good relationships. There are many styles of communication, and no one style is effective for everyone. Individual styles of communication are rooted in the family relationships one

workplace relationships

An estimated 80 percent of people who have difficulty in their jobs do so because they relate poorly to others. Good interpersonal skills are at the core of success in the workplace. Teamwork is essential in the business environment. On a good team, the results surpass the sum total of each individual's talents and efforts

Red flags that suggest you have lapsed into unproductive strategies in the workplace include: feeling like you are fighting the same battles over and over, blaming others or having the sense of being stuck in a rut. If you detect such signals try to step back and become an objective observer of the situation. What seems to be going on? Do you recognize familiar patterns? Become aware of your thoughts, feelings and behaviors without judging yourself too harshly. Sometimes, women may try too hard to please their female bosses or depend too heavily on the response they receive in return.

The new awareness you get from assessing your behavior patterns and automatic responses in the workplace can help you identify times when you need to alter your communication style or use conflict resolution skills. It is important to recognize that all parties involved share responsibility for what happens at work; not any one person is entirely at fault. As you interact with others at work, ask yourself, "What do I want the other person to understand about me right now?" Then act and communicate in a way that achieves the understanding or impression you are seeking.

Debra Judelson, MD

Dr. Judelson will be a guest speaker at the IMS Retreat for Women Physicians, October 15-16, 1999 at the University Park Holiday Inn in West Des Moines. She is the medical director of Women's Heart Institute with the Cardiovascular Medical Group of Southern California. She will open Saturday's session with "Preventive initiatives to maintain heart and breast health." Dr. Judelson created AMWA's Education Project on Coronary Heart Disease in Women which is responsible for training over 8,000 primary care physicians on the risk factors, symptoms and diagnostic testing issues in heart disease in women.

Excerpted from **The Women's Complete Wellness Guide,** *chapter 11 Fostering Good Relationships.*

experiences in childhood.

Early interpersonal skills, such as learning to share, showing affection, making friends and asking for help, are developed through the interactions a child has with the complex network of parents, siblings and other people who are significantly involved in her life. When the communication skills modeled for a child are appropriate, the child learns how to form healthy relationships.

Girls and boys, regardless of their family background, exhibit marked differences in how they relate to others. In general, traditional society has conditioned females to be nurturing and to focus on feelings; males are expected to be action-orientated. Little boys are encouraged to be more independent and little girls to be more compliant.

People talk to boys and girls differently and accept different ways of talking from them. Even parents with firm intentions to avoid raising their children according to gender stereotypes may subconsciously encourage differences in behavior and communication. In studying how parents talk to young children, psycholinquist Jean Berko Gleason found that fathers give more commands to their children than mothers do, and they give more commands to sons than daughters.

women in the workplace

Women, because of their deeply ingrained drive to bond with other women and fill a nurturing role, sometimes find the workplace to be an interpersonal obstacle course. Women may be critical or mistrustful of women who focus on productivity, finance or other bottom line issues without reaching out to share emotionally with their female coworkers.

Jealousy is another hot spot for women in the workplace. One survey found 25 percent of women participants agreed that jealousy is a problem for women who work with women, as is a tendency to take things personally. Some women feel threatened when other women appear exceedingly competent or have achieved a higher level of career success. Another problem for women is that they tend to back away from the prospect of competing with other people. When they do compete, women often try to maintain a supportive, cooperative environment, which, although laudable, can be emotionally draining and create obstacles to basic corporate objectives, such as sales goals and budget negotiations with vendors.

Some strategies that women who work with other women can use to foster productive workplace relationships are as follows:

- Be aware of the tendency to personalize workplace interactions. Getting feedback that suggests improvement is needed in the department you run, has nothing to do with whether you are a good person or how people feel about you. Try to look at your own business behavior objectively.
- Balance politeness and directness. Although women tend to be uncomfortable with directness, it must be used when we supervise or instruct others. Practice being direct. In speaking and in writing, use short, concise sentences when making requests. Do not apologize for rational, logical, business-oriented requests. Do not cajole and do not act coy.
- Accept the fact that not everyone will like you. This is a big one. Not everyone will become a fast friend, but they can still respect you and work well with you. Women have diverse styles and approaches, all of which have their own validity.
- If you dislike someone you work with, step back, study her style and try to separate irritating behaviors from skills and abilities.
- If you feel irritate or offended, pause first to reflect on the feeling rather than responding.
- If you want to acknowledge discomfort with a fellow worker, do not ask why she does not like you, which puts her on the defensive. Emphasize behavior rather than feelings by saying, "I've noticed that when I (behavior), that seems to make you uncomfortable."
- Precede requests to female staff members with personal conversation, no matter how brief.

In her popular book *You Just Don't Understand: Men and Women in Conversation*, linguistics professor Deborah Tannen says, "Girls and boys grow up in different worlds of words." Girls tend to play in pairs or small groups in which they use language to promote connection and intimacy.

"Let's try this" or "Let's go over there" are common phrases among girls playing together. Boys, in contrast, play in large groups that are

structured hierarchically. They use words to jockey for status, issue challenges, boast and argue about who gets to play with what (or with whom) and who is best as what.

Boys are more likely to use language to give orders, such as "Gimme the ball" or "Get out of the way." Boys are more threatened by anything that challenges their independence, while girls are more threatened by a rupture in their relationships. Also, boys are taught to be "tough" and suppress their feelings.

In games, if a boy gets hurt he is expected to get out of the way and stop crying so the game can go on. With girls, the game stops while everyone gathers around to help the one who is crying.

Researchers have noted gender differences in communication styles in children as young as age three. This research parallels other studies that show boys' and girls' gender identities (how they have been conditioned socially to act as a boy or girl) are essentially in place by age three.

Regardless of one's experiences, however, it is possible at virtually any time in one's life to develop the skills needed for successful relationships.

In fact, improving interpersonal skills is a lifelong process. Each stage of life brings its own challenges, in both personal and professional contexts, for building relationships, such as acquiring childhood playmates, dating, marriage, establishing adult friendships, parenting, maintaining family bonds with siblings and aging parents and interacting with bosses, coworkers and clients.

This change identifies the skills that foster good relationships, the danger signs that indicate a relationship is taking a turn for the worse and strategies needed to keep a relationship successful or to rebuild a relationship that is faltering or failing.

the power of good interpersonal skills

Often you meet or hear about a particular person who has good interpersonal skills — meaning she can interact with all types of people, generating admiration for herself and leaving others feeling good about themselves. You probably also have met someone who you would describe as having poor interpersonal skills. She "rubs people the wrong way," leaves people cold in conversation or holds her opinion above all others. Positive interpersonal skills are the building blocks for good relationships. They are not inborn; they are learned.

The first step in learning good interpersonal skills is to turn outward — acknowledging that you stand on common ground with the people you meet and trying to understand their viewpoints.

Recognizing the need to be appreciated

People want to be valued, to feel they are important and to be respected. That is why people are usually far more motivated by praise than by criticism.

Recognizing the need to be in control

Another basic need is to feel a sense of control. Part of the give-and-take inherent to most human relationships occurs because a person's need to resist being controlled by others paradoxically coexists with — and often conflicts with — the need for involvement and caring.

Heightening self-awareness

Recognizing that these needs — the need to be appreciated and the need to feel in control — are common to all human beings is an important basis for good interpersonal skills. Strive to heighten your awareness of yourself; it can allow you to evaluate and learn from your experiences.

Understanding the other person's point of view

When we see someone is having a problem, a natural impulse is to rush in and offer advice before taking the time to really understand the difficulty from that person's perspective. Or, when we argue or disagree with someone, our first tendency is to try to get them to hear us to "win them over" to our side. Try to grasp their point of view first before expressing your own.

Resisting the desire to change others

Another habit that stands in the way of successful interactions is wanting to change others' behavior or attitudes. No one can make another person change.

These principles are the foundation of good interpersonal skills. To really make relationships work you must have an understanding of the essentials of good communication and the ability to put them into practice.

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A CHECKLIST of E&M issues

Medical necessity may be the next E&M battleground facing Iowa physicians. Noridian, Iowa's Medicare carrier, has indicated they are closely watching this issue. Here is a quote from a recent issue of the Medicare B News:

"Comprehensive medical exams — 99215 — how much evaluation if appropriate? In reviewing medical records, it has become apparent there is a considerable confusion regarding reasonableness and necessity in evaluating a patient's presenting problem. How extensive should a medical visit be?"

Recently, 200 Iowa coders attended E&M rap groups and IMS staff reports they have a good sense of medical necessity. Attendees repeatedly said, "My physician won't charge the patient that much no matter what the 'score' was."

DRAFT GUIDELINES

There is general agreement that the 2000 draft guidelines represent a significant improvement. However, specialty physicians need to thoroughly review the guidelines to assure that the highest level of service is available when the patient warrants that level of service.

IMS COMMENTS TO AMA

The IMS has commented on the guidelines and many of our comments were incorporated into the document forwarded to HCFA. Implementation will not be before mid-2000, at the earliest. Until then, carriers will continue pre and post-pay audits using the 1995 and 1997 guidelines.

PRE-PAY AUDITS

The carrier will continue E&M pre-pay audits as long as HCFA requires them. Initial nationwide numbers indicate over 60 percent of E&M services were being down-coded or denied due to pre-pay audits. With this level of savings, it is highly likely HCFA won't discontinue these audits soon. On the plus side, cost implications of a pre-pay audit are minimal with only one service selected at a time. The carrier is also performing post-pay E&M audits.

IMS, Noridian to present SIDE-BY-SIDE AUDIT results

If you want a picture of how the new Medicare carrier might interpret the E&M coding guidelines, attend the special IMS workshop on Wednesday, November 3 from 10 a.m. - 4 p.m. at the West Des Moines Marriott. Results of a side-by-side 200-chart audit done by IMS and Noridian (Iowa's new Medicare carrier) will be presented. Kathleen Deal, assistant US attorney, will discuss the latest compliance concerns for physician offices. For registration information, call Jennifer Lucas at (800) 747-3070.

A BUDDY SYSTEM just for you

Feeling alone in the scary world of E&M coding? What you need is a buddy system! Iowa Medical Society practice management staff recently developed an email list serve for Iowa physician staff who want advice about day-to-day E&M coding issues. It's a great way to communicate with your peer group on coding issues that affect you daily and on other practice management concerns. All you need is an email address. For more information on how to participate in the IMS E&M buddy group, email Jennifer Lucas at *jlucas@iowamedicalsociety.org*.

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IMS Education fund offers opportunities

Rebecca Chackalackal completed a rotation in Kerala, India, as a part of the Clinical Experiences Program sponsored in part by the Iowa Medical Society Education Fund. Her rotation focused on women and children's health.

Chackalackal found that Calcutta, Kerala had a highly educated and fairly healthy population. They have a surplus of physicians. That, coupled with the fact that health care is socialized, meaning it is free to all, makes for a generally well-cared population.

The OB/GYN clinic where she completed her rotation was run differently than clinics in the U.S. Several doctors, all female, work together in a role similar to our definition of a nurse. They take the patient's vital signs, then speak with the patient about the reason for visiting the clinic. One physician then examines the patient while the other physician does all of the required charting and paperwork. She writes down the findings and plan, as well as any lab requisitions or prescriptions. Most visits were concerning pregnancy or attempts to become pregnant.

Unlike our high-tech fetal monitors, the Indian physician uses a fetoscope, a glorified metal funnel, to listen to fetal heart tones.

Rosman-Bakehouse **OPENS** *her heart* to Albanian refugees

In April, Mary Pat Rosman-Bakehouse, DO and her husband journeyed to Albania to adopt three-year-old Vera from Bethany Christian Services.

Bethany Christian Services was assisting in refugee relief, and the couple quickly pitched in. Albanian law requires a 15-day wait after an adoption hearing before the child can be taken out of the country.

Mary Pat Rosman-Bakehouse, a family practice physician in Sumner, said she is not working as a physician in the camps but has been consulting with doctors as they handle the growing throng of refugees. She has worked with relief directors developing a counseling service to treat refugees for post-traumatic stress.

excerpted from "Iowa couple step in, aid weary refugees in Albanian camps," Des Moines Register, *April 7, 1999 by Stephen Buttry*

There were about 60 deliveries per day when we were there (January–May 1997). Now there are 10-15 per week. The Albanians, of course, have been murdered or driven out, so there are no moms. The moms were delivering in the mountains. One baby out of every two was dying of infection or thermal stress. One mom in 10 was dying – infection or bleeding. The humanitarian workers there were crushed, and they are a hearty lot. One of the neonatologists wept while talking about the babies. So many of our colleagues are lost. They were men in their early thirties who were weeks away from finishing residencies or med school when the Serbs chained the doors in 1990. The guys are triple tainted — they worked for non-government officials (humanitarian workers), they spoke English and they were Albanian professionals. Any one of the three would warrant a bullet in the head. We know several of them got to Macedonian "no-man's land," that mud-pit with 60,000 people who were then turned back to Pristina. Those folks have not been heard from again.

excerpted from an email from Dr. Linda Railsback on her time in Kosovo

Part II Are YOU ready for RETIREMENT?

When creating your blueprint for retirement, you must keep in mind several very important issues.

by Jerry Foster

The most important thing a person can do to ensure a successful retirement experience is to create a blueprint for planning and for living. Following are several very important issues that should be addressed.

1 Carefully review your *Qualified Retirement Plan* and understand disbursement parameters and the potential tax consequences.

2 Check your Social Security benefits to ensure proper credit is available and your estimates of benefit amounts are accurate. Be aware of the benefit differences of retiring early.

3 Review the allocation of your portfolio to ensure that your investments are diversified in an age-appropriate way. Know what your portfolio must earn in order to meet your objectives.

4 Research ways to consolidate and simplify your assets and create an efficient distribution plan.

5 Look carefully at your current debt in order to eliminate or carry as little as possible into retirement. While you need not rid yourself of all debt, it may be wise to reduce your IOUs to easily manageable amounts. Especially be aware of debt on depreciating assets like automobiles.

6 Review your current wills and trusts and discuss with your loved ones the location of important papers. Discuss in detail your wishes for your assets and any gifting strategies.

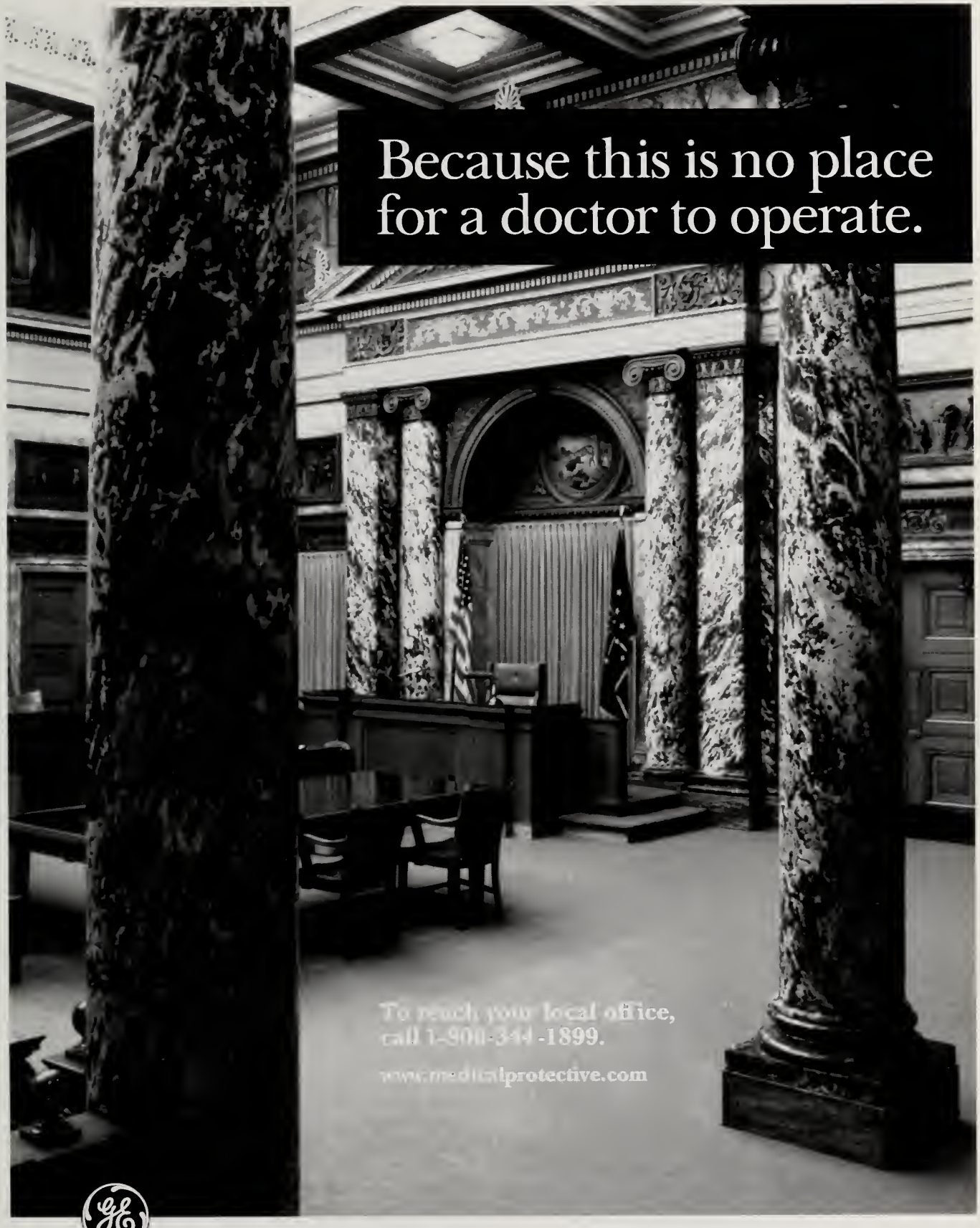
7 Review insurance coverage including life, health, liability and malpractice.

8 Discuss and research potential retirement homes and locations. Making vacation trips to potential locations can be a great way to get a feel for the area before making a major commitment.

9 Discuss and research retirement ideas, lifestyle choices and plans.

We dream of that day for so many years. Don't let any surprises trip you up and diminish the joy you have worked so hard for and so richly deserve. The Iowa Medical Society is sponsoring a Retirement Readiness Workshop that is designed to help you address these and many more questions. See the enclosed flier for details. Don't allow procrastination to rob you of a successful retirement experience.

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.



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For more information, contact Dan Miller of EmCare at (800) 348-3620 ext. 5601 or email dan_miller@emcare.com. For immediate attention, fax your CV to (314) 989-5674 describing your availability for this position.

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The Challenge of Longevity: Geriatrics and Ethics
October 7-8, 1999

The University of Osteopathic Medicine and Health Sciences and the Gerontology Society of Iowa are sponsoring a fall workshop to discuss and reflect on important ethical dilemmas and issues in the field of geriatrics. The format will include plenary sessions followed by panel discussions.

Please join other aging related professionals and practitioners for the two-day conference, Thursday–Friday, October 7-8, 1999 on the campus of the University of Osteopathic Medicine and Health Sciences, 3200 Grand Avenue in Des Moines.

A number of CEUs will be available for this conference.

For registration forms or additional information, contact Angie Sweeney (UOHMS) at (515) 271-1398 or Joel Olah (GSI and Aging Resources) at (515) 255-6142 ext. 19.

Iowa—Emergency medicine faculty positions are available. We have a wonderful opportunity to build emergency medicine excellence in a superb academic setting. Iowa is a Level I trauma center with an active aeromedical program. Emergency medicine faculty are positioned in a non-tenure clinical track within the Division of Emergency Medicine, Department of Surgery. Comprehensive back-up is readily available. Low volume (24,000/year), with interesting patient mix. There is 30 to 36 hours of attending coverage daily plus PAs. Residents from IM, FP, OB/GYN and pediatrics rotate in the ED. There are opportunities in curriculum development, EMS, telemedicine, ALS education, paramedic training and research. Salaries and schedules are competitive, and fringe benefits are excellent. Iowa City offers a superb school system and a great lifestyle. Applicants should send a CV to Alfred Hansen, MD, FACEP, Emergency Medical Services, UIHC, 200 Hawkins Drive, Iowa City, IA 52242. The University is an equal opportunity and affirmative action employer. Women and minorities are strongly encouraged to apply.

Ruan Neurology & Clinical Research Center presents

"Clinical neurology update for primary care"

October 16, 1999
Holiday Inn University Park
1850 50th Street • West Des Moines

This program will provide porticiponts with o generol overview of the most common neurological disorders, their diagnosis ond up-to-dote treatment. Areos to be covered include dementio, epilepsy, movement disorders, stroke, heodoche ond multiple sclerosis.

Ruan Neurology Faculty: *Bruce Hughes, MD, Michoel Jacoby, MD*
Guest faculty: *Merle Diomond, MD, Mork Gonner, MD, Eric Poppert, MD*

Accreditation
This activity hos been planned ond implemented in occordonce with the Essentiols ond Stondords of the Iowo Medicol Society through joint sponsorship of Mercy Medicol Center–Des Moines ond the Ruon Neurology ond Clinicol Reseorch Center. Mercy Medicol Center–Des Moines is occredited by the Iowo Medicol Society to provide continuing medicol educotion for physicions.

Mercy Hospital Medicol Center designotes this educotionol activity for o moximum of 5 hours credit toword the AMA Physicion's Recognition Aword. Eoch physicions should cloim only those hours of credit that he/she octuolly spend in the educotionol octivity.

Continuing educotion credit hos been opproved from the Americon Acodemy of Fomily Physicians, the Americon Osteopothic Associotion, the Iowo Boord of Nursing ond the Iowo Boord of Psychology Exominers.

For more information:
Jim Andrikopoulos, PhD
Ruan Neurology & Clinical Research Center
1111 6th Avenue, Suite West 5
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(515) 271-6405

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Oskaloosa, Iowa–Emergency medicine part-time and full-time opportunities in a 77-bed facility with 27 physicians (including 15 specialists) serving Oskaloosa and the surrounding area. The annual ED patient volume is currently 7,500. The ED shift times are set at 7 a.m.–7 p.m. and 7 p.m.–7 a.m. up to 24-hour shifts. The community is located 60 miles southeast of Des Moines and 89 miles southwest of Iowa City. Recreational activities include Lake Red Rock (15 miles west) and Lake Rathbun (50 miles southwest), both offering boating, sailing, fishing, swimming and camping. The community offers golfing, tennis, racquetball, swimming and five public parks. **For more information,** contact Dan Miller of EmCare at (800) 348-3620 ext. 5601 or email dan_miller@emcare.com. For immediate attention, fax your CV to (314) 989-5674 describing your availability for this position.

Marshalltown, Iowa—State-of-the-art facilities and exceptional quality of life with practice opportunities available in orthopaedic surgery, radiology, internal medicine and general surgery. Pursue one of these opportunities and obtain privileges at the community's 176-bed facility that has been awarded accreditation with commendation by the JCAHO. An outstanding compensation package is available for each of the opportunities, and the hospital offers educational loan forgiveness, interviewing and moving expenses. For additional information contact Jill Lutes at (800) 542-0014, Marshalltown Medical & Surgical Center, 3 South 4th Avenue, Marshalltown, Iowa 50158

Wanted—Emergency medicine physicians needed for full-time, part-time and Medical Director positions in Clinton, Iowa. The facility, Samaritan Health System, has an annual patient volume of 14,000 with 12-hour shifts maximum. Excellent hourly rate with benefits available. **For more information,** contact Dan Miller of EmCare at (800) 348-3620 ext. 5601 or email dan_miller@emcare.com. For immediate attention, fax your CV to (314) 989-5674 describing your availability for this position.

Mercy Hospital Medical Center presents

"Endocrinology into the millennium"

Wednesday, October 27, 1999
Mercy Education Center
Fifth Street and University Avenue
Des Moines, Iowa

This program will identify, define, and provide specific diagnoses and new therapeutic options in the monagement of certain significant endocrine diseases.

Guest faculty include Hossein Gharib, MD; George Doiley, MD; Anthony Korpas, MD; Barbara Lukert, MD; and Dovid Cook, MD.

Topics include thyroid nodules, type 1 diabetes, reproductive disorders and hirsutism, osteoporosis and adult growth hormone deficiency syndrome.

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For more information and registrations, contact Julie Anderson Medical Education Office Mercy/Mayo Family Practice Center 250 Laurel, Des Moines, Iowa 50314 or call (515) 643-4623.

Looking for physician to collaborate on research—Tony Mawson, PhD, professor of epidemiology at the University of Ostheopathic Medicine and Health Sciences, Des Moines is interested in collaborating with physicians on research (trauma/shock; tramatic brain injury; vascular disease including diabetes; pregnancy related diseases, etc.) If you are interested please contact him at (515) 274-5955 (home) or (515) 271-1683 (office).

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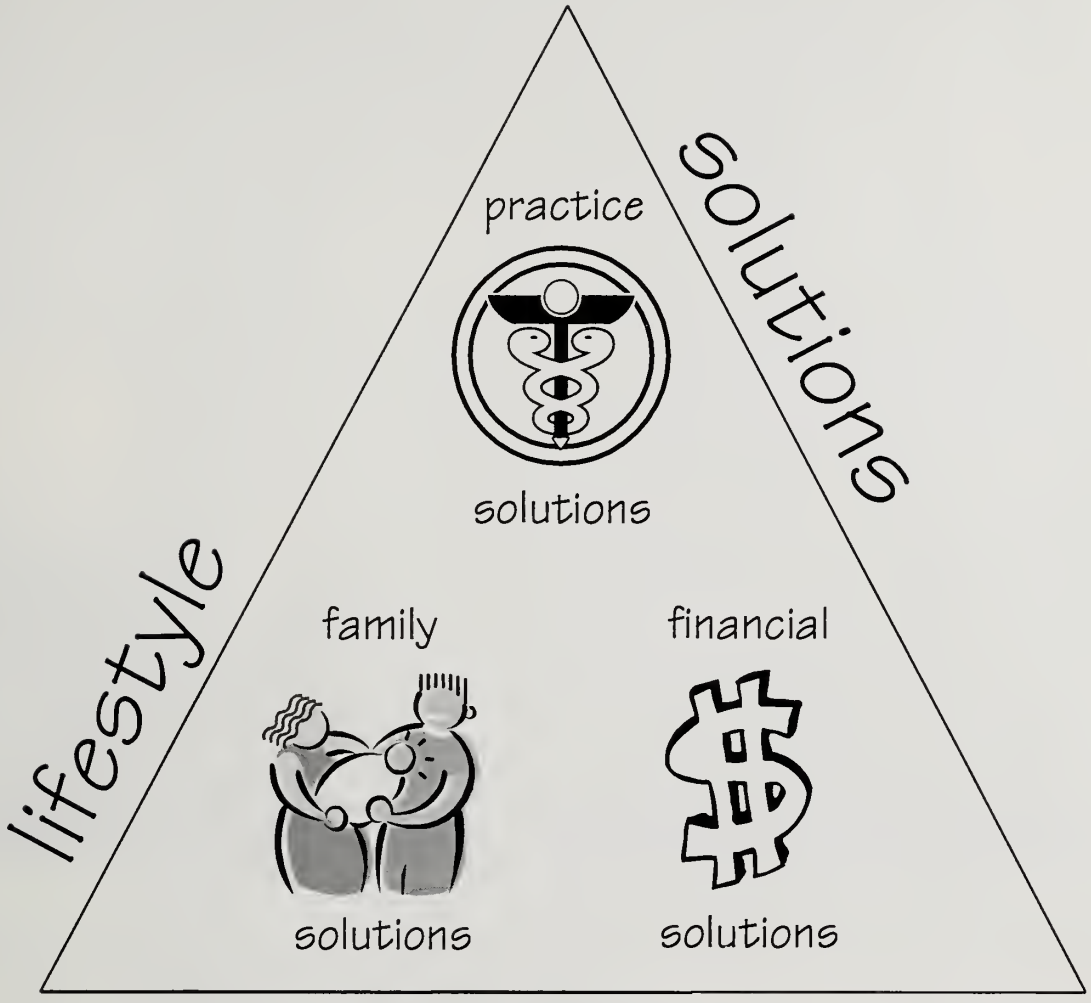

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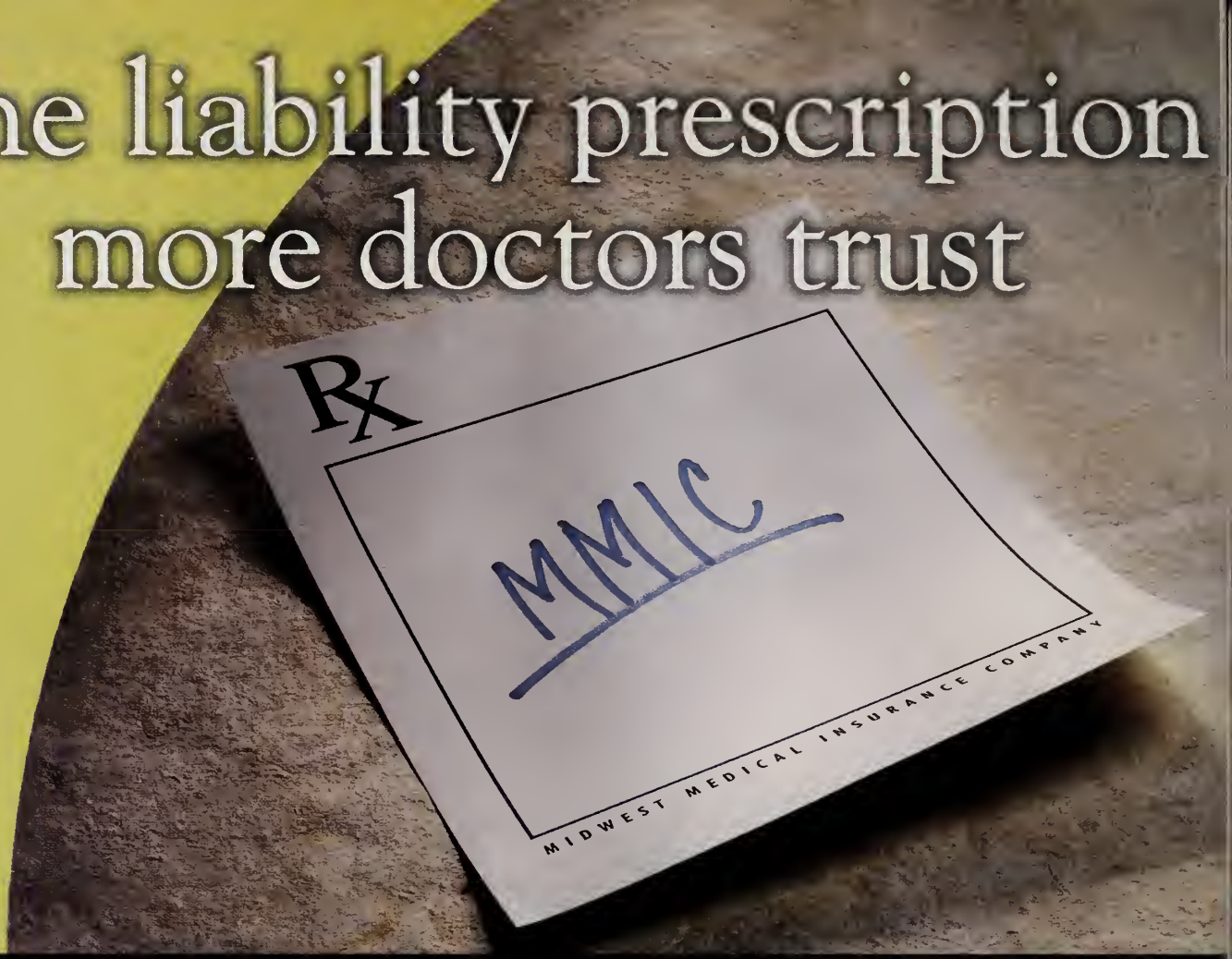

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Iowa Medicine

November/December 1999 — The Iowa Medical Society publication

Trains, boats and planes...

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IOWA MEDICAL SOCIETY SESQUICENTENNIAL

150 Years 1850-2000

OF CARING FOR IOWA

IMS to celebrate 150 years of caring! Details on page 25!

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Physician distinctions; new Iowa Medical Society members / page 13

Joint chart audits raise red flags / page 21

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Iowa Medicine

Published by the Iowa Medical Society

November/December 1999 Vol. 89/6

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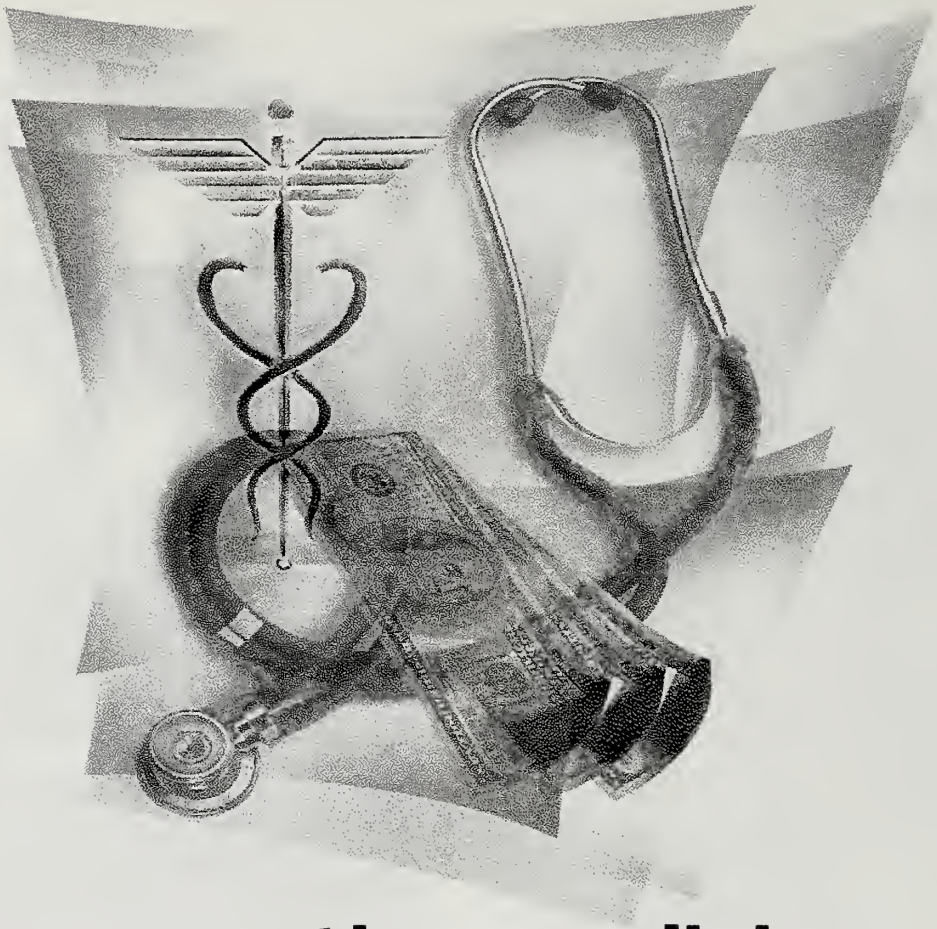

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CONGRESS did the RIGHT THING

There are ways to lower health care premiums without robbing people of their rights.

by Siroos Shirazi, MD

Over the past six months, Mike Abrams and I have been touring Iowa to meet with physicians to discuss what the new IMS is about and how we can represent all Iowa physicians. These long trips have been educational for Mike as a newcomer (three years) and for me, having lived in this magnificent part of the world for the past 29 years.

Physicians represent people when they are most vulnerable, a thought that was on our minds when we went to Washington to lobby our congressmen to vote for the patient bill of rights.

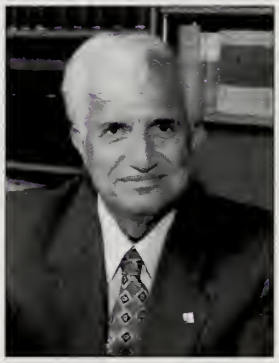
Since Congress followed Greg Ganske's lead and approved meaningful patient rights legislation, some have questioned the wisdom of legislation which allows patients to sue HMOs. They believe it will drive up health care costs because of the increased costs of lawsuits.

The exact same argument could be made against allowing citizen legal redress for any injury. Society constantly seeks balance between the cost of any right and the exercise of that right by citizens. When health plans began doing medical necessity reviews, they placed their own decision-making authority above that of trained professionals. All other players in the system are held legally accountable. Iowa physicians are grateful to Representatives Ganske, Boswell and Leach for recognizing that health plans should not be granted immunity.

Even the health insurance industry predicts this legislation will not significantly increase premium costs. Texas has not seen any increases in the two years since it enacted similar legislation. Of course, the best protection against increased costs by subscriber lawsuits is to make good medical necessity decisions in the first place.

Health care plans make medical necessity decisions as a way to hold down costs. Something should be done to address the real cost culprit — outrageous paperwork and administrative red tape which Iowa physicians and their staffs must cope with to get appropriate care for patients.

There are many ways to lower premium costs without robbing people of their rights. The trial lawyers of America — not Congress — are responsible for seeing that frivolous suits do not become an increasing burden on our health care system.



Dr. Shirazi is a general surgeon at the University of Iowa Hospitals and Clinics and president of the Iowa Medical Society.

exhibit A:

Adhesive bandage, which plaintiff alleges defendant pulled rapidly from skin, violently tearing three hairs from plaintiff's arm, which resulted in severe shock, trauma, disfigurement, chronic debilitating pain and permanent psychological damage.

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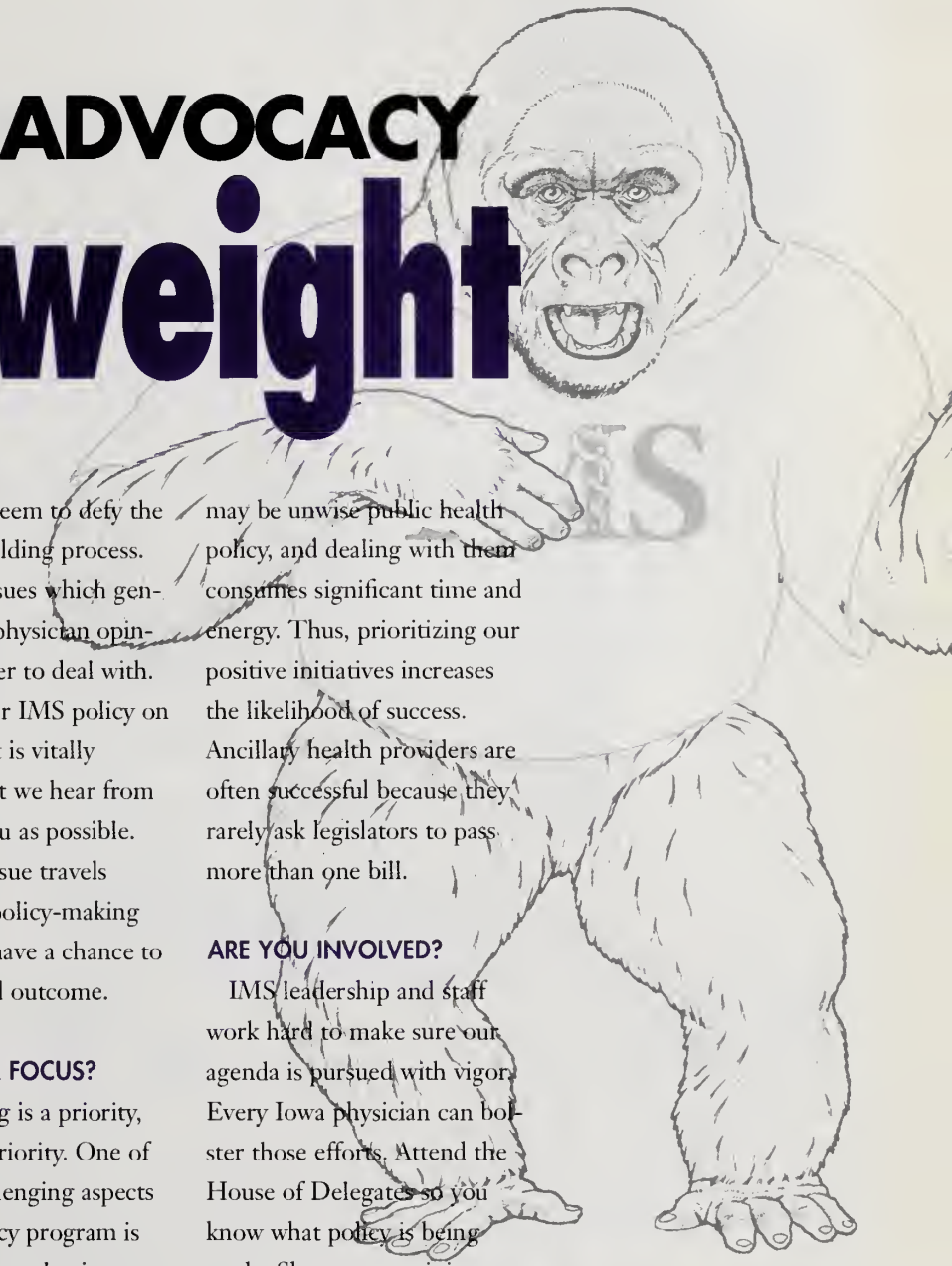


What makes the IMS a potent force in the advocacy arena? You do!

by Michael Abrams

When it comes to advocacy, being a heavyweight is good. What determines just how much weight IMS has to throw around? Three key factors controlled largely by you and other Iowa physicians — consensus, focus and involvement.

CAN WE BUILD CONSENSUS?

The IMS is strongest if we can represent a position which is the consensus of all Iowa physicians. Ideally, if a legislator asks a physician constituent about an issue, that physician's opinion will match the IMS position. Certain issues are black and white, such as proper funding of the Medicaid program.

Other issues seem to defy the consensus-building process. These gray issues which generate diverse physician opinion are tougher to deal with. As we consider IMS policy on these issues, it is vitally important that we hear from as many of you as possible.

When an issue travels through our policy-making process, you have a chance to affect the final outcome.

HOW IS OUR FOCUS?

If everything is a priority, nothing is a priority. One of the most challenging aspects of our advocacy program is the difficulty in selecting a few priority issues. Medical advocacy is dynamic and the issues are many. However, it is a law of politics, if not physics, that no group can prevail upon the legislature to adopt more than a few issues each year. We cannot control the number of bills that are bad for patients, proposed regulations that are unfair to physicians or initiatives that may be unwise public health policy, and dealing with them consumes significant time and energy. Thus, prioritizing our positive initiatives increases the likelihood of success. Ancillary health providers are often successful because they rarely ask legislators to pass more than one bill.

ARE YOU INVOLVED?

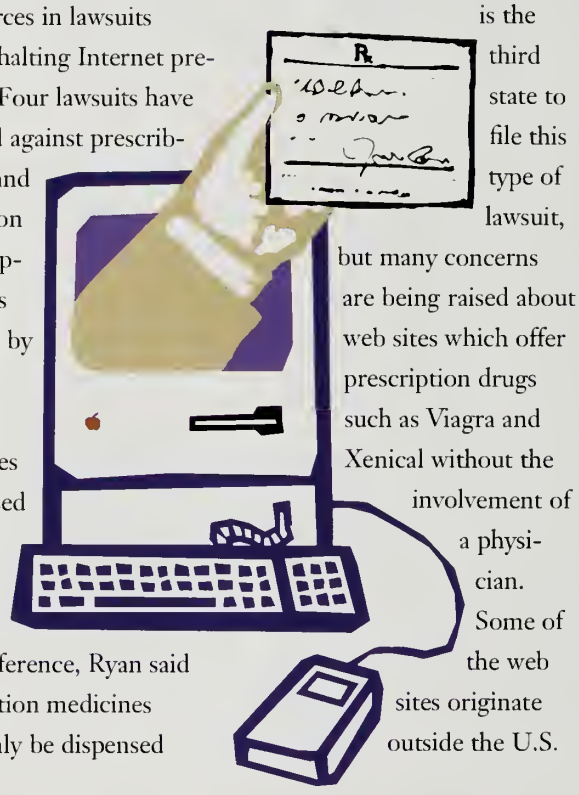
IMS leadership and staff work hard to make sure our agenda is pursued with vigor. Every Iowa physician can bolster those efforts. Attend the House of Delegates so you know what policy is being made. Share your opinions with us (email and fax machines make it easy!) Support IMPAC, at least at the $125 sustaining level.

IMS leaders and physicians on IMS committees must set advocacy priorities. They would rather not do this without your input, but they can wait only so long to hear from you.

Michael Abrams is executive vice president of the Iowa Medical Society.

CRACKDOWN ON Internet PRESCRIBING

Illinois Attorney General Jim Ryan and the Illinois State Medical Society have joined forces in lawsuits aimed at halting Internet prescribing. Four lawsuits have been filed against prescribing, sale and distribution of prescription drugs in Illinois by web sites acting as pharmacies not licensed in that state. In a joint press conference, Ryan said "Prescription medicines should only be dispensed under the care and supervision of properly licensed doctors and pharmacies." Illinois is the third state to file this type of lawsuit, but many concerns are being raised about web sites which offer prescription drugs such as Viagra and Xenical without the involvement of a physician. Some of the web sites originate outside the U.S.



What makes a good doctor?

For many people, the quality of a doctor is determined by the doctor's empathy and ability to listen.

A national survey conducted for the Association of American Medical Colleagues found that when choosing a new doctor, patients are more influenced by physicians' ability to communicate than by where they went to medical school or how many years they've been in practice.

WHAT ARE PATIENTS LOOKING FOR?

Percentage of people who say the following factors determine how they choose a doctor:

Recommendations of friends or family members	87%
Communicates well/caring attitude	85%
Ability to explain complicated medical procedures	77%
Good listening skills	76%
Board certification	70%
Accepting certain health insurance	50%
Years in practice	32%
Being open-minded about alternative therapies	29%
Being sensitive to religious beliefs and spirituality	27%
Attending well-known school or training program	22%

Source: Association of American Medical Colleges and the polling from Public Opinion Strategies, September 7, 1999.

HMO can be liable for network physicians, says court

In a September 30 decision, the Illinois Supreme Court said an HMO can be found liable for negligent acts of independent contractor physicians who are members of its network panels if the facts show the physician reasonably believed that the HMO was the provider of the patient's health care services.

GIFTS from patients?

The holidays are approaching and some people plan to include their doctor on their gift list. But is it appropriate for physicians to accept gifts from their patients? That depends on the patient's motivation in giving the present, according to Dr. Laurie Lyckholm, as assistant professor at the Virginia Commonwealth University in Richmond.

It is unethical to give medical attention in exchange for gifts, Lyckholm commented in a December 9, 1998 issue of *JAMA*.

While rejection of a small gift of baked goods would be embarrassing or hurtful to a patient, inappropriate gifts, such as a nightgown or a gift clearly beyond a patient's means should be returned with a simple "No thank you," Lyckholm advised.

Excerpted from Should doctors accept gifts from patients? Reuters Ltd., 1998

Medicaid: Physicians speak out

Last month, we reported in a weekly advocacy email message that the Department of Human Services is recommending no increase in Medicaid reimbursement for Iowa physicians in their 2000 budget — this despite the fact that Iowa Medicaid is now reimbursing physicians at less than 50 percent of their charges.

We asked physicians to tell us why they continue seeing Medicaid patients despite being rewarded in this manner. Here is a sampling of responses:

"I see Medicaid patients because it is my moral obligation. I'd at least like to cover my expenses!"

"With increasing overhead and declining reimbursement, physicians are forced to choose how many Medicaid patients they can reasonably see, since it amounts to charity care."

"We continue to see Medicaid patients despite very poor reimbursement because it's the right thing to do. I doubt the money covers our overhead in most situations."

"I continue to see Medicaid patients even though they take more time and have more health problems."

"We have continued to see Medicaid patients because we think it is our duty and obligation. The economic impact of the severe inadequacy of reimbursement is heightened by the growing number of uninsured and increasing disallowances of other third party payers."

"The state needs to realize we see these patients at a financial loss. How long we can do so is unclear."

The IMS is using comments from Iowa physicians in attempts to convince legislators to raise Medicaid reimbursement.

LICENSURE is **problematic**

The number of complaints regarding the Iowa Board of Medical Examiners physician licensure process continue unabated. Complaints center on the amount of time required to issue an Iowa license.

BME representatives say they are understaffed and that required paperwork is sometimes not complete.

Ann Mowery, new executive director of the BME, will speak at a November 18 meeting of the IMS Board of Directors. In addition, the IBME has schedule an open forum on the licensure process for Tuesday, December 14. Several practices are preparing remarks for the open forum.

As of press time, no additional details about the open forum had been released. For more information, call IMS headquarters at (800) 747-3070.

IMS reps lobby for patient protection bill

A group of Iowa Medical Society leaders traveled to Washington, DC recently to lobby for the patient protection bill. Representing the IMS were Siroos Shirazi, MD, IMS president; John Brinkman, MD, IMS past president; Gene Herbek, MD, IMPAC chair; and David Carlyle, MD, IMPAC board member. The group visited the offices of Iowa's congressional delegation.

Heavy issues for Medical-Legal Committee

The IMS Medical-Legal Committee has been asked to study the issue of chemical castration of sexual predators. The committee was asked to review the issue after complaints from the Department of Corrections that Iowa physicians are not participating in implementation of the new chemical castration law.

Other issues being discussed by the committee are pain management, non-heartbeating organ donation and release of medical records to attorneys.

IMS SET to TACKLE ISSUES in the new millennium

The IMS House of Delegates and Board of Directors have set an active legislative agenda for 2000.

MEDICAID REIMBURSEMENT

IMS has worked closely with family physicians, pediatricians, OB/GYNs and neonatologists to bring Medicaid physician reimbursement up to Medicare levels and transition to a RBRVS physician (excluding anesthesiology) payment methodology. About $6 million in state dollars, matched by $12 million federal funds, is needed to accomplish this transition.

The Council on Human Services recommended no increase for physicians. IMS continues to advocate with key lawmakers. **Physicians: write your legislators on this top priority issue!**

STATE MEDICAL EXAMINER

The 1999 House of Delegates reaffirmed its strong support for a fully functioning state medical examiner system in Iowa. IMS played a key role in the development and passage of 1999 legislation transferring the OSME to the Department of Public Health (DPH), authorizing the hiring of a deputy and establishing an OSME advisory council.

The advisory council, including physicians, has met, and interviews are underway for a deputy medical examiner. A state infrastructure committee is looking at facility needs.

CERTIFICATE OF NEED

IMS introduced legislation in 1999 to repeal Iowa's CON law as directed by the 1998 House of Delegates. The bill was held over in committee to await the findings of a DPH task force; a report is due January 2000.

IMS testified in support of repeal before the task force; hospitals, nursing homes, the Iowa Osteopathic Medical Society and others oppose repeal. Task force members will consider changes to current law but most are unwilling to push full repeal.

The IMS Board has authorized an IMS negotiation position that continues CON for rural health providers but repeals CON in urban areas. Nursing homes would remain under CON regardless of location.

TOBACCO SETTLEMENT

IMS advocacy will be guided by a Board-approved comprehensive plan for use of Iowa's $1.9 billion tobacco settlement dollars. The plan emphasizes tobacco prevention, control and cessation and other public health purposes.

The tobacco subcommittee's "white paper" analysis provides evidence-based support for the IMS recommendations consistent with directions of the IMS House of Delegates, CDC recommendations and effective measures implemented in other states.

PATIENT PROTECTION

The House of Delegates directed IMS to assure fair implementation of Iowa's Patient Protection law passed by the 1999 General Assembly. A three-physician reference committee filed comments on the insurance commissioner's proposed rules for external review of plan denials based on medical necessity. Changes were made by the commissioner. These rules will be effective January 2000. The reference committee continues to assess ways to assure legal accountability for health plans that deny medical services on medical necessity grounds.

GOOD SAMARITAN LAWS support PHYSICIANS

Physicians have a moral responsibility to help those in emergencies.

by Jeanine Freeman, JD

Laws do not hold physicians responsible for the care of persons who are not their patients, but medical ethics do. Physicians have an ethical responsibility to respond to emergencies where first aid treatment is essential.

"Good Samaritan" immunity protects physicians against negligence claims arising from emergency assistance provided to persons other than their patients. Physicians, however, should be aware of the law's limitations in place, time and actions.

First passed in California in 1959 and now enacted in every state, Good Samaritan laws were adopted to encourage physicians and other citizens to give assistance in an emergency where no legal duty otherwise exists. Physicians who provide emergency care to their own patients or in a hospital call setting are meeting existing obligations and are not entitled to Good Samaritan protection. On the other hand, a physician making patient rounds who voluntarily responds to an emergency within the hospital might claim Good Samaritan immunity.

Good Samaritan immunity under Iowa law attaches where a physician acts in good faith and without compensation to give emergency aid at the place of an emergency or accident. Circumstances in each case determine if the care was emergency aid given at the place of an emergency; at some point, immunity is lost. Further, immunity cannot be claimed if the physician, in providing emergency aid, acts in reckless disregard for the rights of others, a tough legal standard. "Good faith" is a subjective standard focused on the physician's reasonable belief at the time.

On a related note, Iowa law governing EMS services grants immunity from civil liability to physicians who give orders to certified EMS personnel at the scene of an emergency. Whether directly, by communications equipment or according to standing protocol, so long as the physician does not act recklessly.

Good Samaritan statutes serve a legitimate state purpose of assuring available emergency care and would likely survive constitutional due process or equal protection challenges by litigants claiming denial of redress for negligent acts that physicians otherwise would be accountable for in ordinary patient care settings.

AMA House of Delegates policy supports Good Samaritan legislation, particularly legal protection for health professionals who provide in-flight emergency care.

The elements of Iowa's Good Samaritan statute, Iowa Code ß 613.17

Any person who in good faith renders emergency care or assistance without compensation shall not be liable for civil damages for acts or omissions occurring at the place of an emergency or accident or while the person is at or being moved to or from an emergency shelter unless such acts or omissions constitute recklessness.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

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IOWA PHYSICIAN distinctions & AWARDS

NANCY ADREASEN, MD, received the eighth annual Rhoda & Bernard Sarnat International prize in mental health for her work in schizophrenia.

The American Academy of Family Physicians recognized **DAVID CARLYLE, MD,** with the Public Health Award. This award recognizes those who go beyond the call of duty. "Dr. Carlyle is an extraordinary advocate for quality health care. His dedication and commitment deserve recognition."

TOM EVANS, MD, was elected as an alternate delegate to the AMA from the American Academy of Family Physicians.

TOM GELHAUS, MD, was awarded with the McCain Fellowship sponsored by the American College of OB/GYNs.

RUSSELL GERARD, II, MD, was presented the key to Waterloo and a certificate of appreciation by Mayor John Rooff.

NORMA HIRSCH, MD, was recently recognized in the *Business Record* for her dedication and commitment to Iowans on her work toward the ethical issues at the end stage of life.

STEVEN PHILLIPS, MD, was appointed as assistant director for research and education at the National Library of Medicine.

The University of Osteopathic Medicine and Health Sciences has changed its name to Des Moines University – Osteopathic Medical Center. The college was featured in Community Update, *a supplement to the* Des Moines Register *on October 3, 1999.*

DECEASED MEMBERS

WALTER BALZER, MD, 89, life, gynecology, Davenport, July 6, 1999

LEO MILTNER, MD, 97, life, orthopaedic surgery, Davenport, September 6, 1999

KOSARAJU R RAO, MD, 64, life, ophthalmology, Waterloo

JOE KRIGSTEN, MD, 96, life, family practice, Sioux City

DOUGLAS OSS, MD, 56, active, dermatology, Sioux City

JAMES DICKENS, MD, 78, life, family practice, Des Moines

IMS welcomes NEW MEMBERS!

new practicing physicians

Michael Acarregui, MD, Iawa City
Raul Banagale, MD, Siaux City
Deniz Bastug, MD, Waterlaa
Edward Bell, MD, Iawa City
William Caryell, MD, Iawa City
Raymand Crawe, MD, Iawa City
Debarah Dehring, MD, Iawa City
Caralinek Daebbeling, MD, Iawa City
Christapher Dupuis, MD, Mt. Pleasant
Tadd Eibes, MD, Grinnell
Rabert Gaadwill, MD, Fart Madisan
Daphne Gansalves, MD, Manning
J Eric Greensmith, MD, Iawa City
Wendi Harris, MD, Des Maines
Nelsan Hung-Yun La, MD, Carrall
Theadare Kaerner Jr, MD, Iawa City
Mary Larew, MD, Caralville
Christian Ledet, MD, Ames
Richard Leth, MD, Des Maines
Gail McGuinness, MD, Iawa City
Lari Margan, MD, Iawa City
Barbara Muller, MD, Iawa City
Russell Nayes Jr, MD, Iawa City
Olufemi Oladele-Ajase, MD, Sperry
Kent Pearsan, MD, Iawa City
Rabert Philibert, MD, Iawa City
Paul Pamrehn Jr, MD, Iawa City
Jahn Rashid, MD, Burlingtan
James Reeder, DO, Masan City
James Rassen, MD, Iawa City
Susan Schultz, MD, Iawa City
Gina Sparacina, DO, Des Maines
Anne Sullivan, MD, Narth Liberty
Kenneth Wayne, MD, Ottumwa
Dauglas Weismann, MD, Iawa City
Alan Whitters, MD, Cedar Rapids
Michael Whitters, DO, Fart Dadge
Jahn Widness, MD, Iawa City
Jahn Waods, DO, Des Maines

new residents

Amy Andersen, MD, Davenpart
Gena Benait, MD, Davenpart
Rebecca Chackalackal, MD, Davenpart
Janie Hines, MD, Davenpart
Matthew Kettman, MD, Waterlaa
Michael McKenna, MD, Waterlaa
Christa McLaughlin, MD, Davenpart
James Metcalf, DO, Waterlaa
Jeremy Murphy, MD, Davenpart
James Paack, MD, Waterlaa
David Rass, MD, Waterlaa
Nicale Salow, MD, Waterlaa
Jeffrey Westpheling, MD, Waterlaa

Members of the Iawa Medical Society jain in welcaming the fallawing new members inta a pragressive state medical assaciatian. The care purpase af the IMS is ta assure the highest quality af health care in Iawa thraugh aur rale as physician and patient advacate. Each new member is encouraged ta jain ather IMS members at bath lacal and state levels in achieving these gaals.

Patients SEEK medical advice on the WEB

Prashant Deshpande, MD, a pediatrician from Illinois, is noticing the parents of his patients aren't turning only to him for medical advice.

Although statistics vary, it's estimated half of all Internet surfers use the Net to research health care topics. The Net provides surfers mounds of information, and doctors worry patients may use spurious information to back-up demands that the doctor alter a treatment plan.

Dr. Deshpande has come up with a tactful strategy that tests the validity of the information parents of his patients bring to his office.

CHECK ACCURACY

When a patient's parent asks about a treatment found on the Web, Dr. Deshpande never dismisses it. He asks the parent to write down the Web site's address.

The next time he goes on-line, usually within a day or so, Dr. Deshpande visits the site and does a quick critique. So far, most of the sites Dr. Deshpande's patients have sent him to were related to alternative therapies. Because the majority of the claims made on the sites were not evidence-based, the critiques have been relatively easy to make.

When he doesn't trust the information, he contacts the parent by phone or e-mail. He explains he has visited the site but feels the information isn't consistent with scientific sources. He concludes with three or four references to sites he feels address the question better.

This last step is very important to Dr. Deshpande. "I don't just want to critique their site without giving them alternatives."

Dr. Deshpande plans to put up his own Web site with links to reliable sites.

PATIENT INTERNET ACCESS

Daniel Sands, MD, an internist at Beth Israel Deaconess Medical Center in Boston, for now doesn't plan to put up his own site. But he has bookmarked, or stored on-line, 50 sites that he considers to be reliable.

Not only does he freely distribute those bookmarks to his patients with Internet access, he encourages them to visit those sites while waiting in his office. His organization has outfitted each examining room with a computer and soon plans to put a few PCs in his waiting room.

A five-minute lesson can go a long way toward helping patients distinguish between reliable and spurious sites and information.

INTERNET REDUCES CALLS

Warner Slack, MD, associate professor of medicine and psychiatry at Harvard Medical School, says the Web is not that different from other media from which patients are getting health care information.

Dr. Slack is quick to note there is no evidence that the Internet is causing an increase in time demands on physicians or that it will ever do so. In fact, he says an argument can be made that the Internet may reduce the number of calls a doctor gets because some patients are finding answers to basic questions themselves.

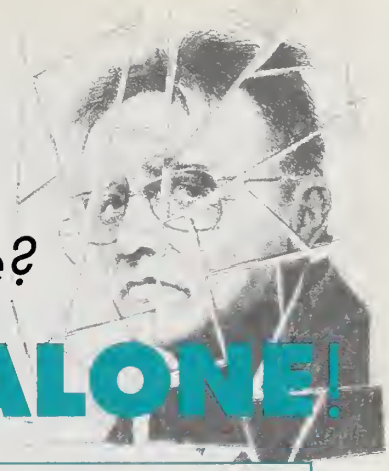
Excerpted from Net Reception, by Larry Stevens, AMNews correspondent, October, 11, 1999. Full text can be found at www.ama-assn.org/sci-pubs/amnews/pick_99/biza1011.htm

Tools HELP patients EVALUATE health sites

Health on the Net Foundation *(www.hon.ch)*
Gives a stamp of approval on sites that meet certain reliability criteria

DISCERN *(www.discern.org.uk)*
Lets patients answer a 16-question (based on reliability and quality) survey. Each criterion is then judged separately.

IQ Tool *(hitiweb.mitretek.org/iq)*
The IQ Tool lists 21 yes/no questions and automatically tallies and summarizes results in a three-part report: an overall score, a review of the answers and a detailed report on what is missing from the site.



Are you being SUED for malpractice? YOU don't have to face it ALONE!

Negligence, malpractice, lawsuit — very stressful words for today's physicians. Every physician is aware of the possibility of being sued for malpractice. A study of physicians' emotional reactions to malpractice litigation by Sara Charles, MD, showed over half of physicians experienced anger, inner tension, depression, frustration, irritability, insomnia and felt they and their families had suffered emotionally.

Being sued for malpractice is often described as a traumatic life experience. The AMA Board of Trustees has stated that, "The biggest cost of suits brought under the malpractice system is the emotional injury that physicians experience when they believe they did the best possible under difficult circumstances." While you cannot completely avoid the emotional reactions a malpractice claim elicits, there are ways to cope.

One way is to realize you are not alone. It is important to remember other physicians have gone through what you may be experiencing. You can benefit from sharing the emotional fallout with a colleague who has been there and survived.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

PHYSICIAN LITIGATION SUPPORT PROGRAM

Recognizing the benefits of collegial support, MMIC, in a joint effort with IMS, has developed the Physician Litigation Support Program. The purpose of the program is to provide information and support to physicians experiencing stress related to the litigation process. Volunteer physicians who have been through the litigation process are available for one-on-one, confidential support of their colleagues. Information about the litigation process and the emotional response is also available. For more information, contact Lori Atkinson at MMIC (800) 798-9870 or (515) 223-1482.

STRIVING to be the best

A column in the *Washington Post* blasted medical schools for graduating students in numbers that are not apparently required to maintain the physician workforce.

While the author neglected to discuss the role of residency numbers in determining the workforce *(there are almost 50 percent more first-year training positions than there are U.S. graduates obtaining the MD degree)*, he raised a central issue in medical education.

American have high expectations of their physicians; doctors must have knowledge, skills, empathy, compassion and the ability to cooperate with other members of the health care team. Medical schools are striving to educate just this type of physician.

Medical schools want every graduate to advance through specialty training to a meaningful practice.

Most schools are accepting the journalist's gauntlet. We want our graduates to be needed and also able to offer state-of-the-art medical care.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

Would you **HELP** a passenger in need?

TRAINS, BOATS AND PLANES

You're traveling and another passenger needs medical aid. Do you wonder what might happen if you help?

by Jon Ahrendsen, MD

In Luke 10:30-37, Jesus told a parable to answer the question of a lawyer, "And who is my neighbor?"

He told the tale of a traveler who was beaten and robbed while traveling to Jericho. A Jewish priest and a Levite (Jewish elder) both passed by the victim and did not render aid. However, a traveler who was a Samaritan (thought to be racially and morally impure by the Jews) stopped and dressed the man's wounds, transported him to an inn and paid the inn keeper to care for the man until he recovered.

When the lawyer was asked which of the three acted as a neighbor to the man, the lawyer replied that it was "He that showed mercy on him." Jesus' final statement was "Then go, and do likewise."

The dilemma of physicians stopping to render aid developed in the 1800s in England. There was no legal obligation for physicians to answer emergency calls. On the other hand, if a physician chose to answer an emergency call, there was no separate standard of care to be applied for the care rendered in that situation.

The next factor to influence the development of physician responsibility was the "locality rule" in 1880. This stated that the standard of care expected of physicians was limited to the prevailing level of knowledge, skill and care actually found to be delivered by physicians in the defendant's own city, town or village.

The next evolution of legal guidance for medical emergencies occurred at the close of World War II. This can be summarized as follows

- There is no legal obligation upon physicians to answer emergencies.
- If the physician does choose freely to treat, the legally required standard of care is modified by the circumstances of the emergency.
- If voluntary aid is given; there is a requirement only to provide medical aid necessary to stabilize the patient.
- There is an implied consent to do what is necessary to avoid serious injury or irreparable harm.
- The legal obligations applied whether or not the physician is paid.

In the 1950s, there was a clear movement away from being a Good Samaritan. Physicians had a number of concerns: fear of lawsuits; concern that their current skills and knowledge might not be fully adequate; doubt

Jon Ahrendsen, MD, an IMS member, is a family practitioner in Clarion, Iowa.

that their malpractice insurance would cover them; irritation about not being paid; and uncertainty about the inordinate time they might have to spend legally committed to the accident scene and its aftermath.

In response to these concerns Good Samaritan Laws were passed individually by the states beginning in 1959. By the 1970s, some version of Good Samaritan Law had been passed by all the states. Laws vary from state to state but generally contain the following features:

- No legal obligation to respond to emergencies
- If a physician responded, the law granted an "immunity" from a malpractice suit
- This immunity was usually not absolute; the physician was expected to act in good faith
- The laws usually applied at emergency scenes outside of hospitals
- The care was expected to be given gratuitously

Vermont and Minnesota also passed laws that required all persons (including physicians) to respond to emergencies, unless doing so would cause potential danger to themselves, interfere with other duties or unless care was already provided.

In 1980, California amended its first-in-the-nation Good Samaritan law to cover emergency departments in hospitals when an official "medical disaster" situation had been declared in the community where the hospital was located.

Samaritan laws do not prevent physicians from being sued for aiding in an emergency. They do protect Samaritans (with no prior duty to aid a victim, or those not guilty of gross misconduct) from a conviction.

There are critics of the Good Samaritan Laws. They consider them to be unnecessary. The statues were written only to appease doctors' fear of liability. No doctor has lost a suit under common law. With many of the Good Samaritan laws being somewhat vague, lawyers look for loopholes in order to sue.

A somewhat clarifying Federal Law was passed and signed into law in 1998. It is the *Aviation Medical Assistance Act of 1998, (Public Law 105-170)*, that was introduced to congress by Senator Bill Frist, MD, Tennessee. This law has four main points: evaluate airline onboard medical kits; report deaths onboard aircraft to FAA; decide if auto external defibrillators should be required on aircraft; and limit liability for air carriers and medically qualified individuals.

The liability point bears some explanation. The airlines are not liable for damages in obtaining or attempting to obtain assistance for a passenger in an in-flight medical emergency, nor are airlines liable for the acts or omissions of the passenger rendering assistance, if the passenger is not an employee of the carrier.

The act further states that an individual shall not be liable for damages arising out of the acts or omissions of the individual in providing assistance in the case of an in-flight medical emergency unless the individual is guilty of gross negligence or willful misconduct. This applies to any action brought in a federal or state court.

Good Samaritan points to consider

1. Carry basic emergency equipment when traveling, especially gloves and a CPR guard. If an an aircraft, be prepared to shaw a wallet card of yaur license.

2. Be aware that if yau have a preexisting duty ta the victim, yau have an abligatian ta help. In these cases, the Gaad Samaritan statutes will nat apply.

3. If it is a real emergency, make a gaad faith effort ta help. Dacument that yau turned the victim's care aver ta qualified medical persannel. This daes nat mean that it has to be anather physician. EMTs and paramedics are qualified to render emergency aid. Once yau have assumed charge and care af the patient, make sure fallaw-up care is pravided. If yau are nat accampanying the patient ta the haspital, call the haspital and pass an relevant medical infarmatian.

4. Practice carefully. Only da the pracedures yau are qualified ta da. Perfarming a tracheastamy with a Swiss army knife and an empty ball-paint pen makes a gaad media stary, but unless you feel camfartable with the pracedure in the haspital, it is best ta nat attempt these heraics in the field.

5. Da nat interfere with athers wha have superiar skills. Always activate the EMS system. The vacatianing trauma nurse might have better skills than the retired dermatalagist.

6. Never bill or accept money for good samaritan services!

For international travelers

France requires all persons (including physicians) to respond to emergencies. So if you are a physician on an airliner flying from France to the U.S., you may well be bound by French law to respond to a person in need.

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Joint AUDITS raise **CONCERNS**

The IMS and Noridian, Iowa's Medicare carrier, have completed another joint audit. Noridian randomly selected 50 records reviewed as part of HCFA's prepayment audits. These same 50 records were then reviewed by IMS staff.

The records reviewed were high levels of service: 99255, 99244, 99215, 99223, 99233. The news is disappointing for Iowa physicians. After Noridian and IMS staff agreed, only 16 records (32 percent) were documented appropriately for the level of service that was billed. Ten of these appropriately documented records were level three subsequent hospital visits (99233).

Some of the findings are easy 'administrative' fixes.

Many of the records were illegible. Noridian makes every attempt to read the record but when deciphering is not possible, the lowest level of service is assumed. Physicians are encouraged to 'transcribe' handwritten notes if an outside auditor would have difficulty reading them.

Many of the records were poorly copied (i.e., cut off, too dark to read, etc.). Physicians are encouraged to look at the 'package' that is being delivered in their name.

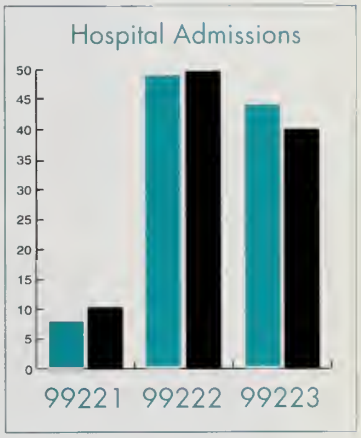
As physicians have been taught, many records contained an historical reference to a patient information sheet or another date of service. Unfortunately, this documentation was not included and therefore, could not be 'counted.' Again, physicians are encouraged to review what is being submitted on their behalf.

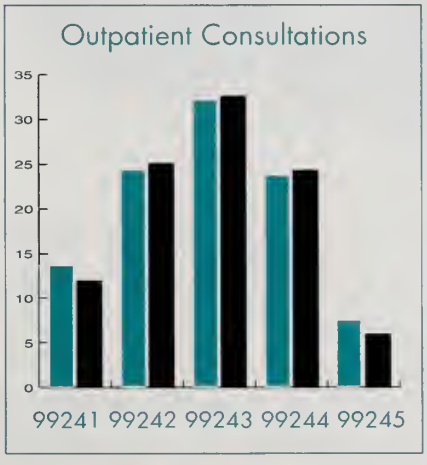
Physicians and their staff auditors are encouraged to concentrate on code categories that require three-out-of-three of the key components of history, exam and medical decision making. And remember the minimum documentation for hospital admission (99221) is a detailed history and exam.

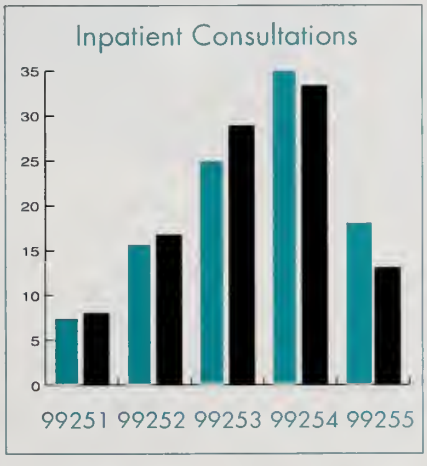
Another area of concern is inter-rater reliability (two trained auditors using the same guidelines will come to a different conclusion). IMS and Noridian staff were in initial agreement with 28 records (56 percent). IMS was tougher on nine records, and Noridian was tougher on 13. IMS and Noridian staff didn't "leave the table" until consensus was reached. This process helps physicians understand the carrier's philosophy and process for auditing.

> "Many of the records were illegible."

Longitudinal data show that physician documentation education has made an impact on E&M usage (see charts). But HCFA has recently increased the number of prepayment audits that carriers must perform from one to four percent. Work remains to be done and the government is bearing down.







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A FLIP of the COIN

Variable annuities aren't for every investor.

by Jerry Foster

For years variable annuities have been touted as one of the last remaining tax advantaged investments. Yet, only one in five Americans understand annuities. Despite investor ignorance — or maybe because of it — annuity sales have soared. Many experts claim annuities are being misrepresented and that they fit certain situations and are inappropriate in others. A clear understanding of the benefits and the drawbacks of annuities becomes very critical in order to ascertain the appropriateness in your own situation.

What are the advantages? First, annuities offer investment features similar to mutual funds. Second, the earnings are tax-deferred. Third, an annuity has built-in insurance guaranteeing a benefit to survivors. Fourth, annuitization, or payout options are available which provide guaranteed income for life. Finally, an annuity has the advantage of probate avoidance.

However, there are drawbacks. Variable annuities have higher expenses which include contract fees, mortality costs and investment management fees which can total 1.5 percent to three percent. There can be surrender fees landlocking your money for up to seven years. Elderly consumers may be particularly unsuited for annuities due to the shorter time horizon for the investment. A minimum holding period of 12-20 years is required before tax benefits outweigh higher fees. The tax deferral can also become a liability if the beneficiary is in a higher tax bracket. The other issue to keep in mind is what happens at death. With an annuity, the investment is taxed at death as ordinary income on the gain. If the same dollars were invested in a mutual fund, the fund would transfer to the beneficiary, thus avoiding the tax on the gain.

Only when you have maxed out your 401k, IRA, established an emergency fund and planned for other expenses should an annuity be considered. Even then, consider all the implications.

Variable annuities
advantages and disadvantages

1. Features similar to mutual funds
2. Earnings are tax-deferred
3. Built-in insurance
4. Payout options are available
5. Probate avoidance

1. Higher expenses
2. Can be surrender fees
3. Minimum holding period of 12-20 years
4. Tax deferral can also become a liability
5. Investment is taxed at death

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

Iowa Geriatric Education Center OFFERS Geriatric Grand Rounds

The Iowa Geriatric Education Center recently introduced a new educational program entitled, "Geriatric Grand Rounds," to physicians and other health care practitioners. This educational series, presented by University of Iowa Geriatricians and Geriatric Education Center faculty, is designed to improve Iowa physicians' knowledge of geriatric care. In particular, it targets rural physicians whose practices might be comprised largely of elders.

Geriatric Grand Rounds will be a series of monthly lectures devoted to topics in clinical geriatrics. The series is designed to teach physicians important principles in the management of older patients and will be delivered over digital communications networks that are accessible in most hospitals in Iowa.

Grand Rounds will be delivered from Noon–1 p.m. on the third Wednesday of each month beginning in October.

Geriatric Grand Rounds is sponsored by the Iowa Geriatric Education Center (IGEC), a statewide consortium of institutions collaborating to improve educational and training opportunities in geriatrics.

For additional information or to register, contact Linda Seydel, Iowa Geriatric Education Center, 2149 Westlawn, Iowa City, Iowa 52242. Phone (319) 353-5756. Email linda-seydel@uiowa.edu.

This article was written by Gail Sands, IMSA president

'We are NOT Mrs. Doctor Somebody!'

The Alliance is alive and going strong! Recently I was asked how we make our Alliance thrive at a time when other organizations are going the way of dinosaurs. I believe there are two qualities the alliance members have that contribute to our tenacious growth.

First, we are united by our common and unique goals. The most important of which is that we are dedicated to supporting the medical family. Medical spouses share their problems and give support to each other. No other organization has this as a goal. In the Alliance, we recognize that being a medical spouse makes our life situations similar and unique.

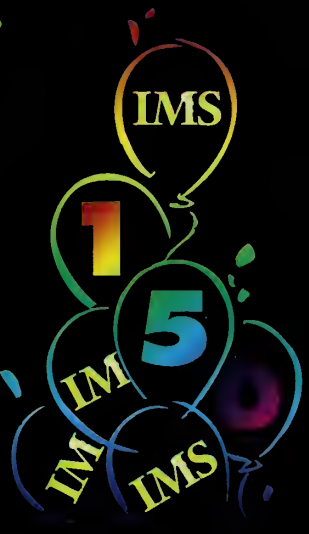
Second, we have a quiet and successful way to treat the many changes and challenges that affect our spouses. We ignore traditional boundaries and meet as equals. We agree to not discuss topics that will polarize our members. With mutual respect, we are able to pursue health projects and programs that serve the good of all spouses and their medical families.

We are NOT Mrs. Doctor Somebody! We are individuals united to make a difference in our community. We are friends who share common privileges and problems. We are spouses who are willing to change to be responsive to the needs of multiple generations. We DO NOT accept the possibility that we may fail; therefore we cannot lose. That is why we are very alive and actively growing!

Celebrate!

Iowa Medical Society's 150th birthday!

April 14-16, 2000
Downtown Des Moines Marriott



Mark your calendars and reserve your rooms for our IMS Sesquicentennial! Specialty groups are urged to join us for a "family of medicine" celebration!

Our keynote speaker will be Dr. Beck Weathers, the Texas physician who was left for dead on the "Into thin air" Mt. Everest climb.

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Watch your mail for more details!

Reserve your rooms NOW at the downtown Des Moines Marriott at (515) 245-5500 or the Hotel Fort Des Moines (515) 243-1161. Please request that rooms be taken from the block reserved by the IMS. A rate of $89 has been arranged for physicians attending this meeting.

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Allan Latcham, MD
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◆Iowa Heart Center at Mercy
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L. A. Iannone, MD
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Randolph R. Rough, MD
Magdi G. H. Ghali, MD
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W. Ben Johnson, MD
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Amar Nath, MD
Robert H. Hoyt, MD
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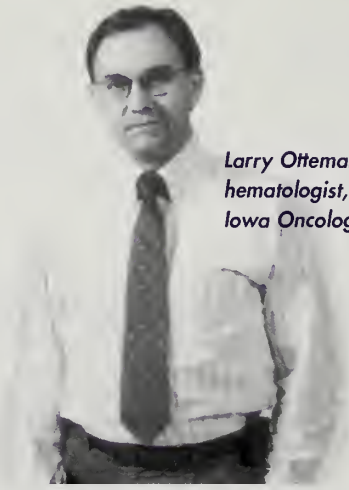

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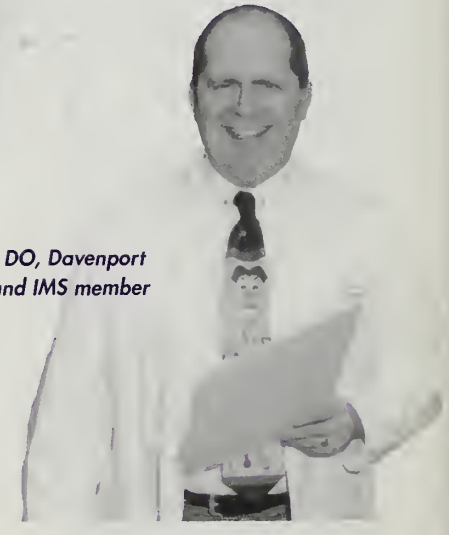

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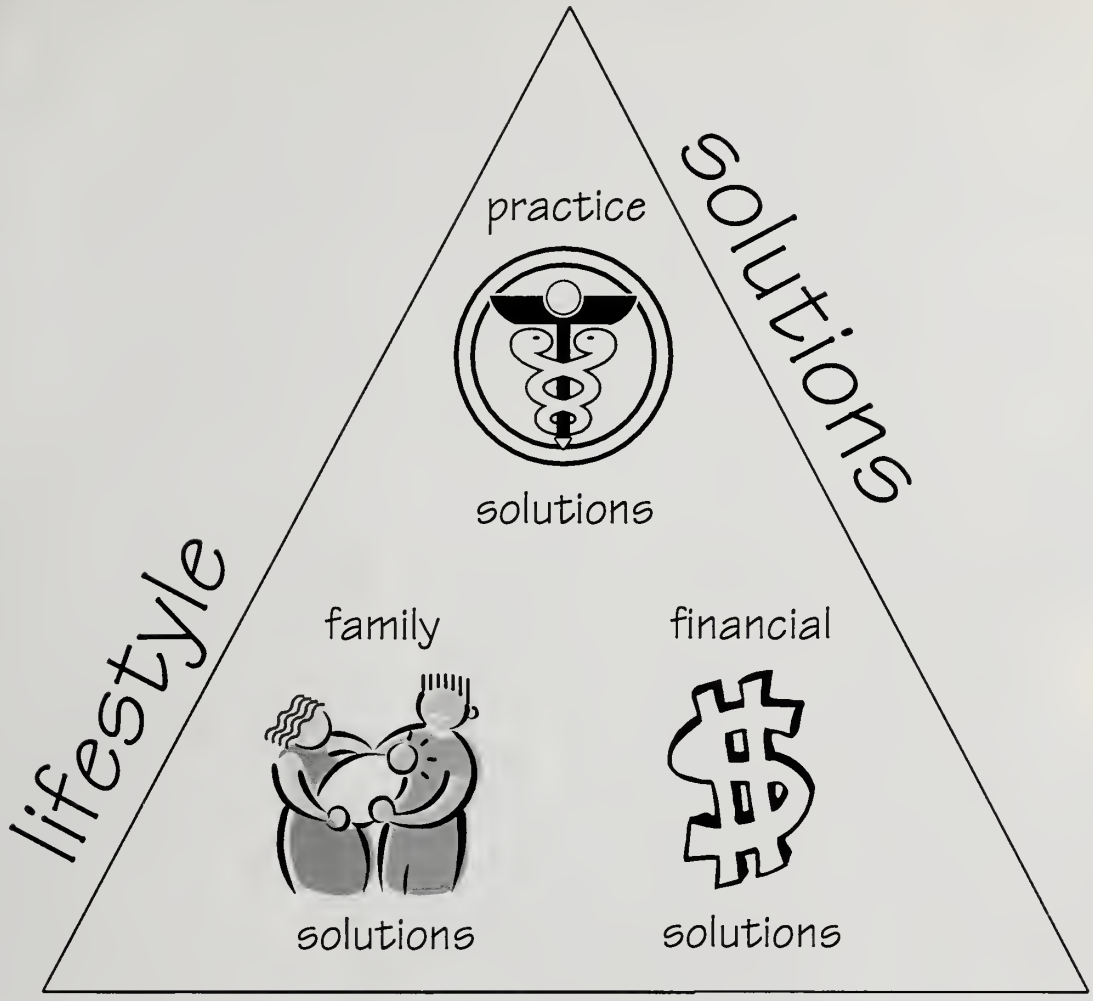

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